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ABSTRACT

This book documents the history, successes, and failures of Save the Children's farmworker program in Zimbabwe, 1981-98. The report explores workers' past and present living and working conditions on commercial farms and describes how the program promoted a progression from workers with a migrant mentality to the building of functional communities, increasingly able to articulate and address their own problems. Information was gathered from key informants on commercial farms, government officials, development officers, and 426 farmworkers. Chapters cover: (1) an introduction to Save the Children Fund and the farmworker program; (2) the situation of rural people before 1980; (3) conditions for farmworker women and children as farmworkers missed out on national improvements in rural education and services; (4) the first pilot farmworker project, 1981-83; (5) expansion in the 1980s; (6) program impacts in the 1980s on the health of women and children, access to water and sanitation, provision of preschools on farms, housing, nutrition, adult literacy, socioeconomic status, and women's activities; (7) major concerns and lessons learned; (8) a period of uncertainty; (9) organizational issues and changes, program impacts, government partnerships, and community leadership training in the early 1990s; (10) program achievements; and (11) a portrait of the farm village. Appendices present data tables reflecting program progress and list participating farms and program staff. (Contains photographs, a list of acronyms, a glossary, and 80 references.) (SV)

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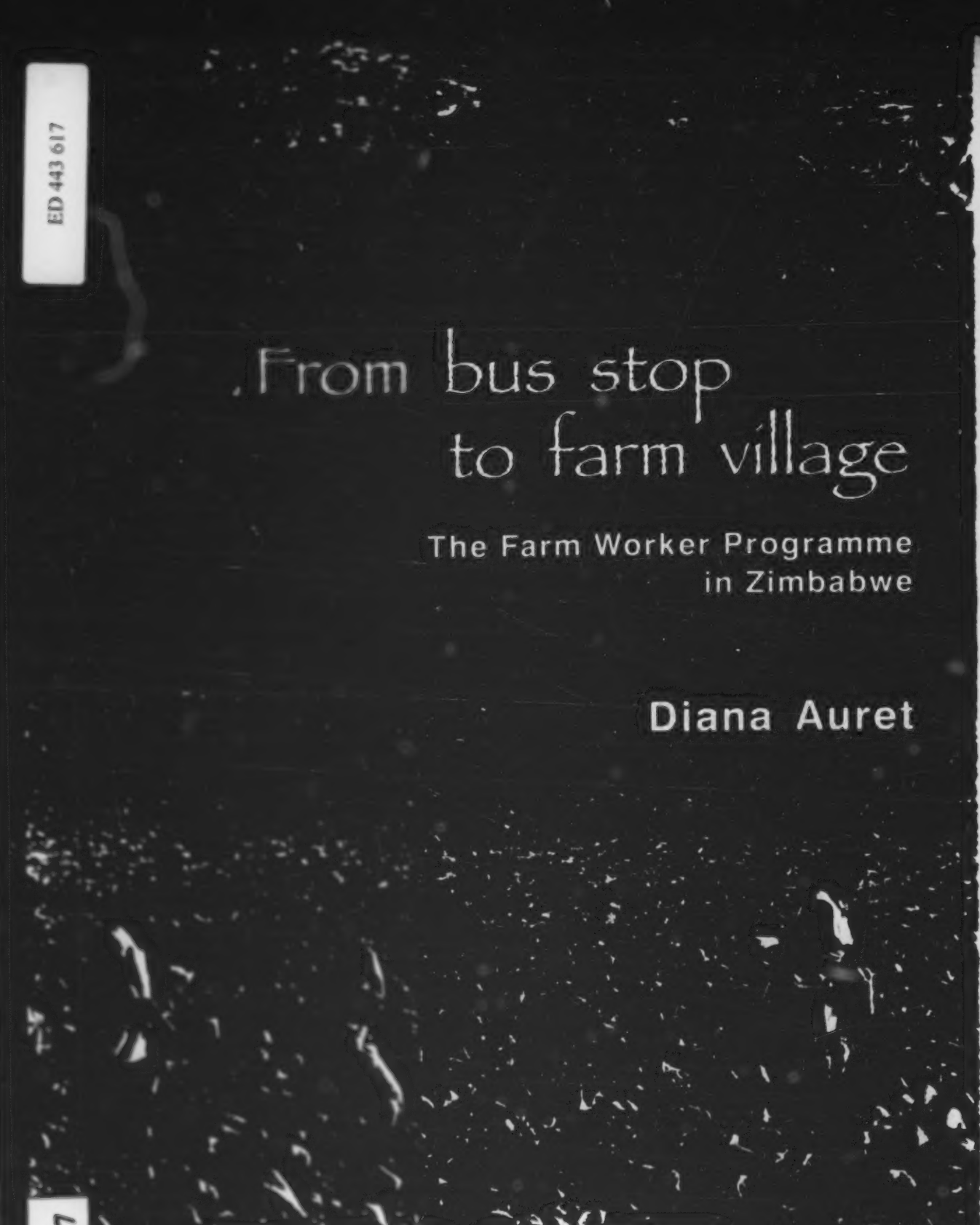

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Save the Children

From Bus Stop to Farm Village

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Acronyms

AFC	Agricultural Finance Corporation
AIDS	Acquired Immune Deficiency Syndrome
ALB	Agricultural Labour Bureau
ALOZ	Adult Literacy Organization of Zimbabwe
ANC	Antenatal Care
BBC	British Broadcasting Corporation
BCG	Bacilla Calmette Guerin
CADEC	Catholic Development Committee
CDC	Community Development Co-ordinator
CFU	Commercial Farmers' Union
CST	Central Support Team
DLC	District Literacy Co-ordinator
DLO	District Literacy Officer
EHT	Environmental Health Technician
EPI	Expanded Programme for Immunization
FADCO	Farm Development Committee
FCTZ	Farm Community Trust of Zimbabwe
FHW	Farm Health Worker
FHWP	Farm Health Worker Programme
FWAG	Farm Workers Action Group
FWP	Farm Worker Programme
GAPWUZ	General Agricultural and Plantation Workers' Union
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate
MCCD	Ministry of Cooperatives and Community Development
MCCDWA	Ministry of Cooperatives, Community Development and Women's Affairs
MCH	Maternal and Child Health
MEC	Ministry of Education and Culture
MED	Ministry of Education
MISEREOR	German Catholic Aid Organization
MOH	Ministry of Health

NGO	Non-governmental organization
NORAD	Norwegian Agency for Development
NSSA	National Social Security Authority
ODA	Overseas Development Aid
ORAP	Organization of Rural Associations for Progress
OXFAM	Oxford Famine Relief
PDL	Poverty Datum Line
PHC	Primary Health Care
PMD	Provincial Medical Director
PRA	Participatory Rural Appraisal
PROWESS	Promoting the Role of Women in Water and Environmental Sanitation Services
RC	Rural Council
RDC	Rural District Council
SARAR	Self-esteem, Associative strengths, Resourcefulness, Action planning and Responsibility
SCF(UK)	Save the Children Fund (United Kingdom)
SDF	Social Dimensions Fund
SIDA	Swedish International Development Authority
SNV	Netherlands Development Organization
SSCF	South Save the Children Fund
TB	Tuberculosis
TTL	Tribal Trust Land
UNDP	United Nations Development Programme
UNESCO	United Nations, Education and Scientific Council
UNICEF	United Nations Children's Fund
VHW	Village Health Worker
VOICE	Voluntary Organizations Information, Communication and Education
WADCO	Ward Development Committee
WHO	World Health Organization
ZBC	Zimbabwe Broadcasting Corporation
ZIMCARE	Zimbabwe Care
ZIMCORD	Zimbabwe Conference on Reconstruction and Development
ZNFPC	Zimbabwe National Family Planning Council
ZTA	Zimbabwe Tobacco Association
ZTV	Zimbabwe Television

Glossary of ChiShona and SiNdebele terms

All the terms cited, unless otherwise stated, are in ChiShona.

Chiware	-	gambling game involving beads
Dagga	-	mud
Kushanda	-	to work
Maheu	-	sweet beer
Mambo	-	king/chief
Manzi	-	water (SiNdebele)
Mugwazo	-	piece work
Murungu	-	word used for 'white person' or employer
Mwari	-	God
Mvura	-	water
Ndyore	-	gambling game involving cards and money
Nkosi	-	king/chief (SiNdebele)
Roora	-	bride wealth
Rusununguko	-	freedom

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Diana Auret

December 1999

This book is dedicated to 'my' team, who worked untiringly, with compassion and humour, and above all with a dedication that cannot be measured, only felt. Josey, Andrew, Irene, Briard, Stanley, Kenneth and Percy, the success of the FWP is due primarily to you.

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Foreword

Commercial farms in Zimbabwe have had extensive national and international press coverage over recent years. Issues about land reform and resettlement of farmers from Zimbabwe's overcrowded communal areas have dominated much of the news. Yet the situation and plight of the estimated 2 million workers and their families who reside on commercial farms, and what land reform and settlement holds for their future, has not received anything like the same attention.

Save The Children (UK) has worked with this community in Zimbabwe for the past 18 years. What prompted our interest was the clear evidence of marginalisation and exclusion that characterized the farm worker population both before and after independence. Neglected by Government and farm owners alike, who both saw the social welfare of workers as the other's responsibility, farm worker communities manifested some of the worst health, education, nutrition, housing and sanitation statistics in the country. At the same time, the transitory and impermanent nature of their work on the farms, their various and diverse ethnic origins, and their political marginalization at both district and national levels, created communities that were frightened and weak, unable to promote their own development and better their conditions.

While the situation of many commercial farm workers and their families, especially those in seasonal employment, can still be described as appalling, many positive changes have occurred, particularly in the region of the country where SCF piloted its farm worker programme. In Mashonaland Central the project acted as a bridge between farm owners and government departments of health, education, social welfare, community development etc to help co-ordinate improvements in the lives of the workers. One measure of achievement is that from a situation of virtually no infant care facilities in commercial farms in the early 1980s, some 80 per cent of the 598 farms in Mashonaland Central now host functioning and effective pre-schools to cater for children. This would not have been possible without the collaboration of farm owners, workers, Government departments and NGO support.

Yet as this book clearly points out, development is not just a process of delivering services and assistance but of empowering people to contribute to meeting their own needs. Through the capacity building exercise with Farm Development Committees (composed of workers and owners), through years of training, education and awareness raising, farm workers are now manifesting a level of responsibility and confidence that offers considerable hope for a brighter future. Many farm villages are no longer a collection of individual dwellings housing a transitory population, but have now become functioning communities, increasingly able to articulate and address their own problems.

SCF has now devolved much of its responsibility for direct implementation of the farm worker programme in Mashonaland Central to a local NGO, the Farm Community Trust of Zimbabwe, which was set up in 1997. After 18 years if work in this sector it was felt, in line with our philosophy of local empowerment and self help, that the co-ordinating role played by SCF should become a Zimbabwean responsibility. Yet to complement this hand over it was felt important to document the history of the programme, its successes, failures, constraints and challenges. We believe that the lessons learned from this extensive experience should not be confined to our own historical archives but should become a resource for other organizations and individuals working in the field of community development.

"From Bus Stop To Farm Village" chronicles the history of the farm worker programme from its inception in 1981 to its current status. It offers a detailed and analytical presentation of this experience, so that lessons can be learned to inform future interventions. Yet this publication does not wish to offer a model for slavish replication, since circumstances in different provinces, districts, farms and workers' villages are so varied. Indeed one lesson that has been learned is the importance of listening to the views of each community, taking time to understand the specific situation so as to devise appropriate and relevant solutions.

In other words this book, rather than presenting a blueprint, offers an approach and methodology of working in such communities that has been derived from a long period of trial and error. Our experience cautions against the constriction of development work into neat, uniform packages and urges a more flexible and participatory approach that takes account of the wishes, needs and capacities of its primary stakeholders, in this case the workers on commercial farms and their families.

We believe that this publication will be of considerable interest to development workers in local and international NGOs, Government departments and community organizations. It should also appeal to the many individuals and organizations currently pre-occupied with the issue of land reform in Zimbabwe and who may need to be reminded of the situation in which such a large percentage of the population currently resides. While based on a uniquely Zimbabwean experience, we also believe that the history of this programme will be of interest to readers outside this country. In the southern African region alone commercial farm workers number several million and countries like South Africa, Namibia, Botswana, Mozambique and Zambia are seeking to tackle similar problems to those that have confronted Zimbabwe in this area. Finally, our hope is that this publication will provide a stimulus to further information exchange and networking of experience around this issue, as a result of which farm workers and their families can begin to move more systematically from "Bus Stop" to farm village.

Chris McIvor
Programme Director, Zimbabwe
Save The Children Fund (UK)

Chapter One:

An introduction to the Farm Health Worker Programme

When I was asked to write a report on the Farm Health Worker Programme (FHWP) that has been running in Zimbabwe for the past 17 years (1981–98), I recalled a remark once made to me by an elderly farm worker. He described his fellow workers as having a 'bus-stop mentality', and when pushed for an explanation, he said:

> *Farm workers are always on the move, sometimes staying for short periods only, at other times waiting longer, but waiting always for the bus that would take them to a better place. This is the way they live: few roots, few possessions and few responsibilities.*

This set me wondering about how such a mentality could have developed among farm workers and what has recently been done to change it. This report explores the living and working conditions, past and present, of the farm worker, and describes the progression from 'waiting at the bus stop' to building a viable village that has been made possible by the Save the Children Fund (UK) through the Farm Worker Programme.

A. THE ROLE OF SAVE THE CHILDREN

A1. The organisation

Save the Children (SCF) is part of the International Save the Children Alliance, an international movement working for children. SCF works in the UK and in many other countries of the world, focusing on long-term development that will help children, their families and their communities to become self-reliant.

SCF is constantly learning from the experience of children's lives and campaigns for solutions to the problems they face. SCF's work is underpinned by the organization's commitment to making a reality of the rights of children, first spelt out by the founders of SCF and now enshrined in the United Nations Charter on the Rights of the Child.

A2. SCF in Zimbabwe

SCF (UK) has been involved in Zimbabwe since 1980, working primarily with marginalized groups – such as the commercial farm workers described in this report – to improve the lives of the children in these groups. SCF has always preferred to support the government's interventions through funding, facilitating, co-ordinating and monitoring rather than carry out interventions independently.

In 1980, immediately after Zimbabwe's independence, SCF demonstrated its special concern for mother and child care by becoming a willing partner in the government's drive to restore health services in the communal areas disrupted by war. Liaising with the Ministry of Health (MOH), SCF provided, ran and funded mobile clinics in these areas.

This early involvement in primary health care grew into a broad-based community health development programme in Binga in 1981, subsequently expanded to Omay. To complement the government's efforts in Binga, SCF worked with the district council and the district health authority on the Expanded Programme for Immunization (EPI), providing two mobile clinics and supporting the training of Village Health Workers (VHWs).

In 1982 SCF helped the MOH develop the immunization programme at national level, integrating it into Maternal and Child Care (MCH). This close working relationship with the MOH culminated in December 1983 with the International EPI Programme Managers' Conference for East and Southern Africa, organized and funded by SCF.

A3. Supporting pioneers in preschools

In the years after independence, SCF also became involved in the pioneering work on preschools carried out in Binga and other communal areas by the late Joan Mathewman of the National Council for Voluntary Social Services (later renamed VOICE) and her team, Josephine Mutandiro and Stella Maravanyika (who subsequently became field officers for SCF).

Just before independence, Hugh Mackay, overseas director of SCF, saw the enormous amount of work being done in the protected villages by VOICE, which was supporting preschools, women's clubs, nutrition groups and income-generating projects. These activities were nurtured by village cadres: 'unsung heroes except in their own villages'.

As these VOICE projects combined mother and child care, SCF was keen to support them. In 1981 SCF was involved in a major preschool feeding programme in areas that had been ravaged by drought. With VOICE and the Ministry of Community Development, SCF also supported and funded training workshops for promoting and managing income-generating projects in women's clubs.

Finally, in 1981 SCF became involved in the Farm Health Worker Programme, as it was then known, in Mashonaland Central, to which primary health care and mother and child care were of central importance. This subsequently became one of the largest SCF programmes in Zimbabwe.

B. THE SITUATION OF WORKERS ON COMMERCIAL FARMS

B1. A new type of report

Several books, the best known being D.G. Clarke's *Agricultural and plantation workers of Rhodesia* (1977), and a number of articles have described the situation of workers on commercial farms in the 1980s and early 1990s. This report will, however, differ from previous accounts in focusing upon the stories of the people involved: their perceptions of their living and working conditions, their fears and aspirations. It will also include comments

from farm workers, farmers and their wives, rural council employees, district and provincial ministerial officers, members of farmers' and farm workers' unions and officers of the various organizations involved in development during the last 18 years.

The published accounts and conversations with farmers and farm workers have clearly demonstrated the inadvisability of trying to categorize either workers or farmers, or to generalize situations from farm to farm or district to district. The farms and their people are a tapestry of different circumstances, relationships and interdependencies. Farmers vary in their wealth, racial attitudes, ethical outlook, farming experience and sensitivity to the people they depend upon for their livelihood. For their part, farm workers differ markedly – both amongst themselves and by comparison with farmers and their families – in their ethnic origin, language, education, beliefs, social patterns and commitment to work.

Some farmers who show genuine concern for their workers are saddled with unco-operative farm worker communities whose attitude is 'Let the farmers do it all', while others have highly motivated workers who trust the farmer and wish to better themselves. Farmers who are indifferent to the welfare of their labour force have created demotivated and helpless workers, as well as a few who are determined to improve things without any help from their employer.

B2. The 'two worlds' on the farms

There are two worlds on the farms: both are Zimbabwean, but the inhabitants of one have a predominantly Western cultural background, while the people of the other world have had minimal Western education. The social norms and beliefs of this latter group have evolved from a mixture of Malawian, Mozambican, Zambian and Zimbabwean traditions, a sub-culture that is specific to the farms. These cultural differences have been aggravated by the experience of having been either the victim or the perpetrator of colonization; the attitudes of the members of both groups are conditioned largely by the degree of enlightenment they have subsequently experienced.

The differences between these two worlds have meant that there has always been a serious lack of understanding between them. Yet this has not always precluded the development of a relationship between workers and farmers, even though in many cases it was a relationship of dependency. Many workers – especially those who had been migrant labourers – feel deep gratitude towards the farmers, for they are keenly aware that, when they arrived in what was then Rhodesia, their lack of skills and education meant that they could find employment only as manual labourers, and yet the farms offered them jobs and homes.

As a result, many of these farming communities – the farmers and their families and the farm workers and their families – have come to feel bound together. Many farm workers have remained with their employers for 15 to 20 years; the children of workers and farmers have played, hunted and fished together. When asked why they did not move on, many farm workers simply said, 'We have stayed together well for many years,' perhaps bound by a shared love of the land, by an actual sharing of the work in the lands and sheds, by battling side by side against drought and fire, and by shared enjoyment of the outdoors: sitting in the sun, fishing at the dam and drinking beer around the fire on a clear night.

C. OUTLINE OF THE SURVEY

To enable the farm workers to tell how the FHWP affected their lives, a team of researchers visited 39 farms in the nine districts of Mashonaland Central. Various participatory exercises were used to enable the workers to share their memories of what it had been like in the old days on the farms and what changes they had seen: 426 farm workers, 256 of them women, took part in these exercises.

Many of the workers who took part have lived on the same farm since the 1970s. Some were born there, some had been living on the farm since before 1960, and the majority had started work on the same farms before 1990. Young people aged between 11 and 16 were also included in this data collection, with the aim of discovering what changes had occurred over the years for them.

When visiting farms, the researchers also gathered information from key informants – such as farm health workers, women's club co-ordinators, foremen, adult literacy tutors and farmers and their wives – by means of semi-structured interviews. They also interviewed SCF staff past and present, ministerial officers at district and provincial level, rural district council executive officers and development officers of relevant NGOs. CFU officials were also interviewed.

Chapter Two:

A long wait at the bus stop — the situation of rural people before 1980

SUMMARY

Before 1980, one-fifth of the rural population of Zimbabwe lived in the commercial farming areas; around a third of all farm workers were foreign nationals.

Farm workers and their families were constantly on the move: one-third of them were seasonal labourers, often the wives and children of permanent workers.

Farm workers suffered from poor working conditions: their pay was usually below the Poverty Datum Line, they had little job security and no formal rights to leave, pensions, housing etc. Their livelihoods depended upon the whim of their employers.

Before independence all rural black people, whether they lived in the communal areas or the commercial farming areas, suffered from inadequate access to health care, education and other social services.

Ease of access for farm workers and their families to health care services and facilities, made difficult by the absence of clinics in the commercial farming areas, was further exacerbated by the lack of public transport to attend urban clinics and hospitals. Although a few rural council districts had mobile clinics, most farm workers were dependent upon their employers for rudimentary health care.

Similarly, access to educational facilities was inadequate: there were few primary schools and no secondary schools in the farming areas. Adult literacy was widespread.

The social environment of the farm workers was hostile: they usually lived in crowded villages without security of tenure and without necessarily having anything in common with their neighbours. Most families had to use water from unprotected sources, and most also had to use the bush as a toilet.

A. IN THE COMMUNAL AREAS

A1. The effects of overpopulation

In the mid-1970s, 4.4 million people lived in what were then the Tribal Trust Lands (TTLs) of Rhodesia. They included 675,000 subsistence-level farmers who were trying to wrest a living from land that could support only about 275,000 cultivators. The TTLs were clearly overpopulated: in some areas, more than 40 per cent of men between 16 and 30 were landless. This had led people to attempt to cultivate land that was suitable only for grazing. Food production was also declining: for example, in 1962 the TTLs produced an average of 352 lbs of maize per person, but by 1977 this had fallen to 231 lbs per person. The result was food shortages.

Within the traditional villages, each cultivator had access to between five and 25 acres of land. Each land allocation included sufficient space to enable the cultivator to construct pole and *dagga* (mud) huts, granaries and kraals for small domestic animals. Water sources – usually rivers – were often situated a considerable distance away from the village; in the dry season, water had to be taken from a hole in the bed of the river. Access to protected water sources, such as boreholes, was very limited during the 1970s: surveys undertaken at the time found that 70 to 90 per cent of the rural population drew water from rivers, dams, unprotected wells and water holes. Similarly, an environmental health survey carried out in 1981 found that between 74 and 83 per cent of families were using the bush as a toilet.

A2. The effects of war

During the 1970s the situation in the villages was made worse by the liberation struggle, which cost the lives of 80,000 people, many of whom were caught in the crossfire while trying to protect their own kin. There was little chance of normal life: most families in the villages lived in constant fear of harassment by security forces while at the same time being forced to share their meagre resources with the freedom fighters.

The establishment of the protected villages into which 20 per cent of the rural population were crammed did not improve this situation. The people in these villages lived in cramped conditions and were forced to travel long distances each day to reach their fields. Because of the curfew regulations, however, they were able to spend only a few hours each day cultivating their crops; starvation and hunger were often reported.

A3. Access to social services

Before 1980, all rural black people, whether they lived in the communal areas or the commercial farming areas, suffered from inadequate access to health care, education and other social services.

Although the country as a whole had one doctor for every 8,000 people in 1979, the doctor-patient ratio for the white urban population was 1 to 830, while for the rural black population it was 1 to 100,000. There was one hospital bed for every 219 whites, in hospitals that excluded black people, while in health facilities with poorer resources there was one bed for every 525 black people.

This racial discrimination was reflected in the cost of health care to the government – about Z$144 a year for each white, compared with Z$31 and Z$4 for urban and rural black people respectively – and in the infant mortality statistics. Before 1980 the mortality rate for whites was 14 per thousand live births, whereas among the black rural population between 140 and 200 children per thousand died at birth or before the age of one and 134 died before they were five years old. Malnutrition was one of the main causes of death, particularly among the under-fives.

Before 1980 the emphasis in health care had been curative rather than preventative: in 1979 only 208,820 under-fives out of an estimated one and a quarter million were immunized against polio, 79,575 had BCGs and 133,397 were immunized against diphtheria. The lack of preventative health care in rural areas increased the incidence of preventable diseases, while infant mortality rates rose as a result of malnutrition, polluted water sources and 'bush' sanitation .

A4. Access to education

In the communal lands there was a similar lack of access to education for black people. Before 1980 school attendance was not compulsory for black children, and as a result fewer than half the children of school age received any formal education. Many children had had to run up to 15 km to reach a school. A 1973 survey found that fewer than a third of African pupils aged between 18 and 19 had received more than three years of formal primary school education. In 1967 there was a 94.1 per cent drop-out rate in the first year of primary school, the most common reason being the inability of parents to pay the fees. In 1979 the country had only 2,401 primary schools and 177 secondary schools, and only 892,668 children attended school; by 1989, however, there were 2,267,269 children at primary school and 695,612 at secondary schools.

B. ON THE COMMERCIAL FARMS

B1. A shifting population from various backgrounds

In 1976, one-fifth of the rural population of Zimbabwe lived in the commercial farming areas, and 97 per cent of them were black; there was a total of 332,000 farm labourers on 6,682 farms. The highest concentration of agricultural workers was in Mashonaland, reflecting the labour-intensive nature of tobacco production.

A high proportion of labourers were seasonal or casual workers: in Mashonaland in 1971 permanent workers represented only 25 to 35 per cent of each farm's labour force. At the time, however, many of these casuals were the wives of permanent workers, while others were supplied through African labour contractors ; child labour was also an accepted practice during peak agricultural seasons.

In the early 1970s, between 33 and 39 per cent of agricultural workers were foreigners. The majority were Malawian and Mozambican, many of them having come through the Rhodesian African Labour Supply Commission, while many farmers took on additional foreign workers, under pressure from the government to employ the 'urban aliens' expelled from the towns under the Closed Labour Areas policy. This proportion had altered little since the 1950s, when only 31 per cent of agricultural labourers were local.

At that time, farm labourers were constantly on the move, either from farm to farm or, in the case of migrant workers, from the farm to their homes for some months and then back again to look for further employment. A study carried out at this time found that only 17 per cent of labourers had been on the same farm for more than three years. By 1977, although the percentage of 'nationals' working on farms remained at 30 per cent, the migratory pattern of the 'foreigners' had changed: 77 per cent of foreign workers had been in what was then Rhodesia for more than 15 years.

B2. The effect of legislation on working conditions

The fact that the farmer is both employer and landlord puts the farm worker in an invidious situation – a situation made even worse by several pieces of legislation.

The infamous **Master and Servants Act** (1901) – described by a High Court Judge in 1975 as 'a drastic and archaic piece of legislation' – formalized contractual inequality between employer and employee. The Act laid down maximum working hours and number of days, but said nothing about annual leave, housing or any other facilities or services. It gave employers the right to terminate a worker's contract for a variety of reasons, without having consulted him or her, but it did not protect the worker in any way. It made no provision for the establishment of a legally-recognized trade union, for collective bargaining or ary other legislation or regulation concerning minimum wages and living conditions for farm workers.

For many years this Act set the pattern for the relationship between employer and employee, and although changes occurred over time, the fact that it remained on the statute book inhibited the introduction of more acceptable legislation. Clarke claims that the Act was retained to ensure that no legislation, allowing minimum wages, unions and greater protection for employees, was ever enacted. As a result, workers were reduced to complete passivity and dependence on the employer. 'We needed jobs and money, that's all,' said one worker.

The **African Labour Regulations Act**, originally passed in 1911, helped to keep pay low by making it an offence to offer higher wages or other inducements in order to persuade any African to repudiate an existing contract of service. Wages on farms were meagre, below the Poverty Datum Line (PDL): in 1976, for example, the PDL for a family of six on commercial farms was the equivalent of £40, whereas 90 per cent of workers received less than £25. Casuals were paid less than permanent staff, and there was wage-fixing, particularly by the Rhodesian Cotton Growers Association for cotton picking . The standard rate of pay was two cents per kilogram, and the average amount picked per day was 30 kilograms: over a month this would net $26. Many growers encouraged whole families, including the children, to pick. But cotton picking was hard work, and most families from the communal areas who picked seasonally claimed it was only dire need that drove them to do it.

Since land was relatively plentiful on the commercial farms, many farmers did allow workers to cultivate some land and grow crops to supplement their meagre income. In 1973 farm workers cultivated 72,866 hectares of land for personal use, almost as much as the 89,834 hectares in the African purchase area.

The Industrial Conciliation Act of 1959, which introduced gratuities on retirement from work, did not cover farm workers, and as Africans were at that time excluded from pensions under the Old Age Pensions Act of 1936, all the farm workers could look forward to was to retire to the then reserves – where it was commonly believed they would be supported if old, sick or destitute – or to be kept on in a menial job for what amounted to an allowance.

Moreover, when a farm worker lost his job, he and his family lost their home; they no longer had access to even a small piece of land on which to grow vegetables or other crops, and they were deprived of whatever social services the worker had been receiving. If the workers had been on the farm for ten to twenty years, as many had, they had not usually built a home elsewhere to which to retire – even if, as Shona/Ndebele, they had the right to reside on a piece of land in the communal area. Lost too was the hope of 'retainer' status after retirement and the possibility of borrowing money to supplement the meagre wages, which is part of every farm workers' life. Over the years this situation created considerable insecurity, making fear, jealousy and outward compliance part of the life of every farm worker.

Retirement or loss of employment had even more serious implications for the foreign workers, as they had neither access to an extended family nor the right to reside in a communal area. The foreign workers were therefore even more insecure and dependent, and even more vulnerable to exploitation.

The Public Health Act of 1974 laid down minimum standards of housing and water supply for towns and mines, but did not cover commercial farms. Thus, although the Act gave public health officers access to farm premises, there were no standards by which they could assess the situation, and consequently few such officers ever visited farms.

The only pieces of legislation that actually protected the interests of the farm labourer were:

- The Hazardous Substances Act 1971, which required all agro-chemicals to be registered and identified as toxic, and also determined necessary protective measures.
- The Workman's Compensation Act 1959, which governed compensation for injury at work subject to stated criteria.

B3. Funding social services

The provision of health and educational services to agricultural workers was to have been a primary function of the rural councils created by the Rural Councils Act of 1966. Unfortunately, these councils had limited financial resources, being dependent on rates from the farms, government grants and vehicle tax, which together were insufficient to meet the construction costs of the schools and clinics needed. The councils instead spent their income on road construction and maintenance.

To augment their revenue, the RCs created African Amenity Centres that were primarily beer-halls and imposed a beer levy, which became the fund that paid for social services. However, the amount of money available for social services from such a fund varied enormously from district to district . At the time, local authorities seem not to have noticed the anomaly of paying for social services primarily out of beer levies.

B4. Access to health care

In 1974 there were 37 static and 24 mobile clinics operating in 30 rural council areas, most of them, however, concentrated in Mashonaland Central. Sister Ting Edmonstone, sister in charge at the MAZOE RDC Clinic, ran the mobile clinic of Mazoe Rural Council from 1972 to 1987. The vehicle, a small Renault car, toured the farms immunizing children, teaching the women basic health and hygiene, and facilitating family planning. Ting and her mobile clinic kept delivering health services to the farm workers throughout the war years and in all weathers – on occasions, her Renault had to be physically picked up and carried over a bad patch in the road.

But few rural councils could offer such a service; in fact, 13 provided none at all. Assuming that about 1,328,000 people lived on commercial farms in 1976 (332,000 labourers and an average of six in each family), there was one clinic for every 32,655 people, not dissimilar to the figure of 38,000–42,000 for the communal areas. As there were no resident doctors at the rural council clinics in the 1970s, farm workers had the same access to a doctor as the national figure: one doctor for 100,000 people in the rural areas. At that time, a farm worker resident in Northern Mashonaland would have been referred from the local clinic to Harare Hospital, several hours away by bus. The absence of static health facilities and public transport in the commercial farming areas meant that workers were largely dependent upon their employers for gaining access to social services.

At the time, most farmers perceived health care to be the responsibility of the rural councils or the government. But rather than transport patients many miles to hospital, most farmers chose to provide a modicum of basic health care to workers and their families. Most farmers' wives, whether or not they had a nursing or medical background, would take care of minor ailments and dispense basic medicines from the back door of the farmhouse. There were even some farms in Mashonaland Central where members of the community were treated in farm dispensaries or clinics.

On the other hand, some farmers had no interest in the health of their workers or their families; as one worker complained, 'The spanner boy, who was not even qualified, was the one who treated minor ailments.' On these farms, the women did not have access to even the most basic health care. However, workers involved in accidents or suffering from serious illnesses that could not be treated on the farm were usually ferried to the nearest hospital by the farmer.

B5. Access to education

As in the communal areas, there were few primary schools on farms before the 1970s. Although rural councils were allowed to set schools up, and the non-government schools regulations of 1959 empowered the Ministry of Education to establish primary schools on farms and provide supervision, little was done to provide primary education for the children of farm workers. Moreover, there were no secondary schools in commercial farming areas. Thus, children were obliged to 'finish' school as young as 10 or 12, with work on the farm as the only available alternative.

The farm schools that did exist usually went up to Standard 3 only. They were of two types: aided, which were similar to those in the TTLs, and unaided, which were staffed largely by unqualified teachers. By 1962 there were 112 registered (aided) or licensed farm

schools, but as the government grant toward teachers' salaries was only half that paid to schools in other rural areas, these schools attracted less-qualified teachers. In 1975, 12,950 children on farms attended unaided or unregistered schools, while the total number attending school prior to independence at no time exceeded 30,000.

On 10 of the 39 farms visited in Mashonaland Central, workers said that there were primary schools on the farm that had been established in the 1970s. A further nine farms had attempted to set up schools, but these had ceased to operate after only a few years. The children from the rest of the farms travelled up to six km to attend classes at another farm school or at a school in what were then the Tribal Trust Lands. Most of these schools went up to Standard 3 and only one was 'registered'. The school buildings were often converted sheds or beer halls, which meant that two or three classes shared a single room. In some cases the premises remained dual purpose: school on weekdays, beer-hall at the weekends. On a few farms, the workers had built and staffed their own schools, but with their meagre resources this had been an onerous task.

Untrained teachers, many of them Form 2 and 3 school leavers, staffed the unregistered schools. To cope with the challenge of having too many children and grades in one room and too few school books to go round, the teachers often devised their own composite curricula, which benefited children in the middle grade only.

In spite of the difficulties, however, many farm children did go to school: the Governor of Mashonaland Central, the Hon Border Gezi, was one of the lucky youngsters able to attend both primary and secondary school, sponsored by the farmer on whose land his parents worked.

C. THE ENVIRONMENT OF FARM WORKERS

C1. Physical surroundings

In the 1970s, most farm villages were concentrated into relatively small sites adjacent to the cultivated areas. Although Clarke claims they were the most densely populated villages in the country at that time, Riddell says that 'in spite of this high African population on European land, the African rural areas are far more densely populated than the European areas'.

Most farm workers' villages were made up of pole and *dagga* (mud) huts. A typical homestead consisted of one or two huts, no more, plus a chicken run. Most workers built their own huts; some farmers gave them a week or two to do so and paid them during this time, while others expected the workers to build their houses in their own time. Farmers often provided poles, doors and thatch.

There were also brick houses on farms, usually occupied by more senior staff such as foremen, drivers, storekeepers or mechanics. However, three out of the nine farmers interviewed who had grown up on the farms they live on today remembered that, even when they were children, there had been brick houses for almost every permanent worker in the farm village. On one of the farms, the houses had had electricity installed as early as 1976. These villages had all included a crèche for the children, and one had also had a clinic.

In the late 1970s the introduction of tax relief on materials for labourers' housing encouraged farmers to build more brick houses; on six of the farms surveyed, workers said that more brick houses were constructed in 1978–79 than at any other time. In the long run, however, the tax relief did not result in any significant increase in brick houses, as its introduction coincided with the war years and the practice of centralizing villages behind security fences.

In the 1970s farm villages were effectively 'service villages': the occupants had no residential status independent of the farmer and no control over decisions concerning the village. This made them reluctant to invest either effort or money in maintaining their domestic environment, and as a result the 'compounds', as they were then called, were often shabby and dirty. The fact that many workers resided on farms without their wives and children also contributed to their view of the farm village as a temporary abode. To supplement their meagre wages, many local employees left their families in their home villages to grow food.

On most farms, the families of workers drew water from unprotected sources – open wells, rivers and dams – and only 38 per cent had access to boreholes (even these were often a contaminated source, as the storage tanks were not covered). Where the water was piped, there was usually a single central tap at the sheds, and sometimes one in the village.

The women interviewees identified the lack of sanitation as another problem. On 44 per cent of farms, the bush was the only available toilet. Some farms had one or two flush toilets at the beer hall, while others had pit latrines, usually built by the workers themselves. Before the development of the Blair toilet, a number of farmers had encouraged the building of pit latrines, and had even helped the more senior staff to construct the superstructure. On the other hand, one young farmer quoted his father's response to any questions about sanitation: 'What do you think I grew that huge gum plantation for?'

There was at the time no legislation governing sanitation, and the government had, in fact, declined to initiate legislation for any facilities in the commercial farming areas.

C2. A lack of solidarity

The most marked difference between the two types of village community was in their residential status. TTL residents were the 'owners' of their land, with exclusive right to cultivate it and to enjoy the fruits of their labour. They were also free to make decisions about their own residential and farming needs. The farm worker, by contrast, could neither 'own' nor rent land, and could only cultivate crops if his employer allocated him some space.

Another important difference was that farm villages were composed of families from a number of different cultures and countries, whereas those in the TTLs consisted of family units who supported each other and shared resources.

On a large number of farms there was no real relationship between farmer and worker, nor any direct communication: 'We were not free to communicate with the farmer, except in times of illness when we needed transport.' It was common practice for the farmer to communicate with his workers solely through the foreman. Their conversation often took place in the farmer's office, so that the workers never knew what had actually been said.

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However, an absence of direct communication did not necessarily mean that the farmer was not concerned for his workers. According to the farm workers interviewed, many farmers had fed their labourers, helped them with transport to hospitals and funerals, acted as magistrate during marriage negotiations, lent money for *roora* (bridewealth) and provided land for cultivation. Some farmers even gave their workers fertilizer and a tractor to plough the land .

On the other hand, workers on nine of the 39 farms surveyed said they were afraid of the farmer, who verbally (and at times physically) abused them. One old man said, '*Ah, murungu ainge ari Mwari* – The farmer was like a god. We removed our hats when talking to him, and he would beat you for not doing that. We had nowhere to report such treatment.' Another added, 'He was treated like a mini-god. We had to receive our wages with the greeting *Mambo* or *Nkosi*.'

This lack of community solidarity was aggravated by the war, which caused suspicion and fear that expressed itself in an even greater estrangement between employer and employee.

Notes

Reference materials used in this chapter include:

1. *Africa Contemporary Record 1973–7*
2. *Auret 1990*
3. *Clarke 1976*
4. *Clarke 1977*
5. *Duncan 1973*
6. *Edmonstone 1997 – interview*
7. *McIvor 1995*
8. *Riddell 1979*
9. *Riddell 1981*
10. *V.M. Wadsworth in Clarke 1977*

Chapter Three:

Farm workers miss the bus

SUMMARY

In 1980 the government of newly independent Zimbabwe announced ambitious plans to bring health care and education within reach of many more of the country's inhabitants.

In the next few years, startling progress was made: for example, more than 5,000 schools and 800 rural clinics were built, 7000 village health workers were trained, and the infant mortality rate was almost halved. But these reforms completely bypassed the 1.7 million people on commercial farms.

The farm workers could exert no political pressure as they had no voice: they could not vote in local elections, and no village or ward development committees had been set up in the farming areas.

Farm families continued to suffer from the lack of services. Malnutrition and the lack of immunization meant that many children died; the hard work and poor diet of the women led to problems in pregnancy and childbirth; and the lack of clean water and sanitation caused disease.

However, health workers such as Dr Richard Laing and Sister Ting Edmonstone were now beginning to take primary health care to the farms. In 1981 the first batch of 12 Farm Health Workers (FHWs) was trained.

A. THE NEW ZIMBABWE

In 1980 the government of Zimbabwe announced its intention to establish a society founded on socialist, democratic and egalitarian principles, and in 1981 published an economic policy statement entitled *Growth with Equity*. This was followed by two further national plans: the Transitional National Development Plan for 1982/83–1984/85 and the First Five-Year National Development Plan 1986–1990.

To meet the objectives set out in these documents, the government needed the financial assistance of the international community. At the Zimbabwe Conference on Reconstruction and Development in 1981, 35 nations, 15 United Nation agencies, 10 international agencies and seven member states of the Southern African Development Co-ordinating Conference

pledged just over Z$2 billion in grants and loans for the reconstruction and development of Zimbabwe. This was matched by $1.5 billion from the budget of central government. During the following decade, members of the international community continued to fund development programmes through either bilateral or multilateral agreements, co-ordinated by the United Nations Development Programme.

Initially, the country's major concern was to reconstruct the war-damaged schools, clinics and roads in the communal areas. The people who had borne the brunt of the fighting lived in these areas, as did the relatives of the freedom fighters who had lost their lives in the struggle. The newly elected members of parliament were well aware that their country largely owed its freedom to these people. They also knew that the villagers had enormous expectations of the new government, and so the communal areas were given priority.

B. BETTER ACCESS TO SERVICES

B1. Health

In 1980 the new government published a document entitled *Planning for Equity in Health*, which set out to address the inequalities in social service delivery experienced during the 1970s. The implementation of this policy involved:

- The introduction of free health care for everyone earning less than Z$150 a month.
- The construction and upgrading of health care facilities, particularly in the communal areas, so that there would be a facility within 8 km of each home.
- The setting up of a Village Health Worker (VHW) programme.
- The expansion of maternal and child care, through an expanded programme of immunization, improvements in the national nutrition status and increased access to family planning.
- A new emphasis on preventative health care, reflected in a greater concern for village-level water supplies and sanitation.

All Zimbabweans looked forward to benefiting from the new health policy, and indeed, 10 years after independence, access to health care had improved dramatically for the rural population in the communal areas. By 1989:

- The number of rural clinics had increased from 247 to 1062 (inclusive of health centres) and there were an additional 32 mobile rural clinics.
- The 28 existing district hospitals had been upgraded and expanded, and 7 new district hospitals were nearing completion.
- The ratio of health worker to population had been improved by increasing the number of nursing staff and introducing environmental health technicians and village health workers. By 1987 there were already 7,000 trained VHWs, and the ultimate aim was to have one VHW per 500 inhabitants. These women not only brought primary health care to village communities, but were also able to provide much-needed midwifery services.
- The infant mortality rate had fallen from 140 per 1,000 to 76 per 100, and the maternal mortality rate had fallen by 26 per cent.

- The expansion of the immunization programme had led to the proportion of children dying before they were five years old falling from 135 per thousand to 121.
- A Children's Supplementary Feeding Programme was introduced in 1980 and at its peak, children under five were being fed at 8,000 feeding points.
- Following the launch of the Master Water Plan in 1984 a total of 4,796. Government agencies and NGOs had constructed new boreholes. In addition, 12,837 protected wells had been established, 3,443 constructed by the people themselves with assistance from NGOs.
- 40,000 Blair toilets had been constructed throughout the country.

The ratio of doctor to population had not improved, however, despite an increase in doctors; this was primarily due to the urban bias of the doctors themselves.

B2. Education

After 1980 there was also a determined drive to improve access to education, reflected in an increase of budget allocation from Z$121.6 million in 1979–80 to Z$562.2 million in 1985–6, with a further vote of Z$1 billion for primary and secondary education in 1989–90. The increases were primarily needed to finance the free primary education introduced in 1980 and the construction of extra schools. The objective was for every child to have a primary school within 5 km of their home and a secondary school within 10 km.

Through the Zimcord Conference, the international community pledged $3 million to help rebuild the schools destroyed during the war, and to fund the physical expansion of schools and training institutes.

So great was the demand for schools that the government promoted a self- help approach: parents were encouraged to help build schools themselves by providing the bricks and other local materials, local authorities were urged to raise money from local revenue, while the government agreed to provide most of the funding needed for materials not readily available in the communal areas. In many instances NGOs provided funds to offset the local contributions.

By 1986, 5,449 primary and secondary schools had been built, an increase of 211 per cent since 1979. In nine years 4,437 schools had been constructed in the communal areas, the majority with the involvement of the villagers themselves, who had moulded bricks and provided labour. A number of donors also assisted the construction of individual schools.

C. THE 'FORGOTTEN PEOPLE'

C1. Government and other responsible authorities fail to respond to the needs of the farm workers

By 1984, there were 1.7 million people living on 7,000 commercial farms. They too looked forward to improved living and working conditions after independence, but they soon became the 'forgotten people'.

As we have seen, the government saw the people in the communal areas as their first priority for rehabilitation. However, workers in the commercial farming areas had also suffered during the war, although perhaps not to the same degree, and the need to build clinics, schools and roads was just as pressing.

In the first years after independence, there was little change in the living conditions of the workers on most farms, in their access to health and education or in their economic status. In spite of government's intention to provide `health for all by the year 2000', no rural health centres, clinics hospitals or schools were built in the commercial farming areas. No policy or budgetary allocation to cover such service delivery in the commercial farming areas was enacted.

The government claimed that the delivery of social services in these areas was the responsibility of the rural council; however the RCs had limited resources at their disposal, caused to a degree by their failure to impose a social services levy on the farmers. The Commercial Farmers' Union similarly failed to introduce any policy guidelines or recommendations for the provision of such facilities and services on farms. In consequence, although some farmers and their wives did actively look after the health and educational needs of their staff, farmers in general showed little awareness of their responsibilities towards their workers.

C2. The workers lack a voice

One problem was that the farm workers were unable to exert political pressure on the government to rectify the situation. Although independence had given them the right to vote in parliamentary elections, they could not vote for their local authority. Local government had been decentralized in the communal areas but not in the commercial farming areas, where the rural councils primarily represented the landowners in whose interests the council's revenues were primarily used.

The Rural Councils Act of 1966, was not amended to allow farm workers to elect representatives to the local decision-making body. This deprived them also of a forum in which to represent their needs. Similarly, the developmental structures introduced soon after independence to ensure that the needs of people at the grass roots were heard did not extend to the commercial farming areas. No village or ward development committees were set up.

This inability of farm workers to draw attention to their needs was exacerbated by the government's failure to legislate for minimum standards of housing, access to water and sanitation on commercial farms.

C3. The gap widens

Better access to social services began to improve the health and educational status of the people in the communal areas. However, a similar improvement was not seen among farm workers, and it gradually became clear they had been left out of the government's plans. By 1985 there were proportionately seven times as many static clinics in district council areas (that is, the communal areas) as in rural council (commercial farming) areas. In addition, district council clinics served only one-third as many patients per facility. And

there were ten times as many pupils per primary school in the rural council areas as in the district council areas.

Minimum wage legislation had been introduced in 1979, but it applied only to workers who were permanently employed. In effect, it served to increase the number of casual workers and decrease the number of permanent ones. Hence it benefited relatively few people. A survey of six farms in the Bindura area in 1981 revealed that families in 162 households were earning an average monthly income of Z$28.09, with an average of 1.09 wage earners per family. When set against the PDL of Z$91.73 per month for a family of five, this gives a 'wage gap' of Z$63.64. By 1982, wages had increased to Z$50 and the PDL to Z$128, and in 1983 the PDL was Z$147-157 while the wages remained at Z$50-55. The wage gap had steadily risen.

In the area of industrial relations, however, farm workers were guaranteed certain important rights after 1980, such as the right to establish workers' committees and to unionize. However, the level of illiteracy among workers, their lack of experience of collective bargaining and their fear of losing their jobs inhibited them from claiming their rights. It was not until 1985 that the General Agricultural and Plantation Workers Union of Zimbabwe was established.

D. WOMEN AND CHILDREN ON THE FARMS

D1. Poor access to health care

On commercial farms it was the women and children who suffered most from the lack of health care and the limited access to clinics: children were not immunized against preventable diseases and pregnant woman did not receive pre- or post-natal care.

The lack of transport also meant that most pregnant women delivered their babies on the farms with the help of traditional midwives. When interviewed, a group of older women listed the number of children each had lost at birth because of the lack of proper hygiene and care.

In the few areas where a mobile clinic had been operating, the women recalled that the staff had placed great emphasis on family planning, which in view of the high infant mortality at the time, they found incomprehensible. Women surveyed more recently have been outspoken in their condemnation of the way in which 'many women on farms were shepherded to get their Depo-Provera injections, not because the women themselves wanted to limit their families' but because the farmers and the government of the day were convinced that there was a population problem.

The nature of the women's work – labouring in the sun and dust – plus their poor diet led to difficulties during pregnancy and childbirth. In addition, the women faced other arduous tasks such as drawing water from a dam or river, which involved a long walk several times a day. Even where the water was piped to a single tap in the village, long queues developed at the taps during peak times.

The health status of 223 children under five, on six farms in the Bindura area in Mashonaland Central, was examined in 1981. The results showed that :

- 75 per cent (174) had never attended either a clinic or hospital.
- Only 17.5 per cent were immunized.
- Only 13.8 per cent had Road to Health cards.

Many farm women spoke of their feelings of helplessness when faced by family illness in the past. One elderly woman recalled, 'Many young children died – there was no immunization,' while another said, 'No one would call the farmer to take a child to hospital.' Others attributed the death of children to their living conditions: 'The farmer drew water from a borehole, and did not seem to worry that our children were drinking dirty water.'

The lack of sanitation was also perceived as a problem: one woman said, 'One really had to be careful when walking in the bush, because that was our toilet, and we always had diarrhoea,' while another who had a pit latrine recalled her fear that young children would fall down these pits, which were, for the most part, covered only with grass.

D2. The pioneers of health care for farm workers

There were, however, individuals who were trying to bring health services to the farm workers of Mashonaland Central: namely, Dr Richard Laing, superintendent of the Bindura District Hospital (later to be Provincial Medical Director of Mashonaland Central) and, as we have seen, Sister Ting Edmonstone, nurse in charge of the Mazoe Rural District Council Health Services.

As early as 1980, malnourished children, difficult maternity cases and other patients from the farms who could not be immediately discharged but were no longer hospitalized, were being cared for at the Bindura hospital. There were also women who had been discharged but were waiting for transport back to the farms. All these people remained in the grounds of the hospital and were supplied with food which the women cooked themselves.

During the day Dr Laing arranged for the women to be given primary health care education with a nutritional component, focusing on locally available foods. It soon became clear that the women and children needed a permanent shelter outside the hospital, and funds for this purpose were obtained from Freedom from Hunger. A crèche for the children who had accompanied their mothers was also set up at this time. The Nutrition Village, as it was then called, is still in operation at Bindura.

In addition, Dr Laing started to spend two days a week visiting farm worker communities in the area around Bindura, primarily to immunize children; sometimes he went during his lunch hour, sometimes after four o'clock. Because work on commercial farms was not part of the job description of government nurses, he asked for volunteers from the nursing staff. From these he selected a small team led by Mrs Chikava, who is still working at the hospital today. One of the nurse-aides who volunteered at the time was Mrs Irene Mutumbwa, who is today the SCF field officer for the Bindura programme area.

Initially, the team simply divided up the farms according to which of the roads leading out of Bindura they adjoined, and visited those with the greatest health needs along each road. Gradually Dr Laing established central points to which children from surrounding farms could be brought. The women on these farms were so unused to strangers that, according to the nurses, 'all the women and the children ran away when they arrived.' The nurses

had to sing and perform plays to attract the women, who gradually returned to see what was happening. It was also standard practice to arrive 'armed with a box of sweets' to entice the children so that they could be weighed and immunized.

In Mazoe, Sister Edmonstone suggested training women from the farms to be primary health care workers – similar to the VHWs in the communal areas – to provide more health care for the women and children. The farmers agreed, and in 1981, under the auspices of St John Ambulance, she trained the first batch of 12 FHWs from six farms on the veranda of the Tsungubvi Council Clinic.

D3. The nutritional status of farm children

Lack of access to health services also affected the nutritional status of children, particularly when combined with the economic deprivation that drove mothers to become full-time workers, leaving their children with insufficient, under-cooked or contaminated food.

The women surveyed were aware that cultural patterns and lack of knowledge also contributed to malnutrition: 'Children are traditionally fed last, particularly if it's meat, while babies were weaned very early to allow the mothers to go to work.' Thereafter their diets consisted almost entirely of *sadza* (maize porridge), although they were not old enough to digest it adequately. Others said they knew what food their children should be eating, but could not afford to buy it.

The 1981 study of 223 children on farms in Mashonaland Central (cf.29) showed that:

- 50.2 per cent were severely malnourished and 68.6 per cent undernourished, using the weight for age measurement.
- 98 per cent of children ate *sadza* and vegetables twice daily.
- 20 per cent had meat one to three times a week, while 26 per cent never ate meat.
- 64 per cent never drank milk and 87 per cent never had an egg.
- 84 and 85 per cent respectively never ate beans and groundnuts.

Another study undertaken at the same time showed that 36 per cent of under-fives in part of the communal areas (Dande) were severely malnourished and 61 per cent undernourished. The children in both these rural areas qualified for emergency feeding programmes, but in 1981 only those living in the communal areas benefited from such feeding programmes.

Loewenson's conclusion in the 1981 study that 'nutritional status is a good indicator of the state of food and water supply, sanitation, level of education and economic status' was confirmed in these additional findings:

- 68 per cent of the families lived in pole and *dagga* houses.
- Water was drawn from communal taps within several hundred metres of the houses.
- The bush provided the only sanitation for 66.5 per cent of the workers; if toilets were available, they were generally communal.
- Child care was rare: where available, it was generally provided by an elderly woman who looked after the children under a tree next to where the mothers were working.

The high incidence of respiratory diseases and TB among male and female farm workers and their children in the 1970s and early 1980s was similarly attributed to lack of protein, insufficient food, overcrowding in huts and villages, and the temporary nature of the huts.

D4. Women and children as casual labour

The composition of the work force changed little in the 1970s and early 1980s, in that permanent posts on farms were, and still are, held almost exclusively by men, while the seasonal or casual workers were women. In the 1950s most of these seasonal workers came from the farm village and consisted exclusively of the wives and children of the permanent employees. This pattern persisted in the early 1970s, when an overall 26 per cent of labourers were casual and 65 per cent of those were female. The women worked for the most part on *mugwazo* (piece work), which involved tasks such as weeding and harvesting crops at a set rate per weight picked or rows hoed.

Women who had had to work on the farms were well aware that, though their families had benefited from the extra income, they themselves had put up with bad working conditions. Their families also suffered because having to work late in the fields meant that the women did not have the time to care for their children or cook a proper meal for everyone. Families even broke up, they recalled, because husbands claimed that 'once a woman went to work she did not want to listen to her husband any more.'

Others spoke about the illnesses they had developed after carrying the children to the fields when spraying was in process, or the accidents – such as burns from the fire – that had happened when children were left with no one to care for them. One mother told of an 'unattended child whose legs were badly slashed by the tractor cutting grass in the area surrounding the village. The child nearly bled to death as there was no transport to take him to the hospital.'

Child labour was also common during the peak agricultural season in the 1970s and early 1980s. On some farms, school days were shortened to allow the entire school to 'move into the cotton fields'. All children between seven and 11 picked cotton and were paid according to the weight picked. However, the school also shared in the proceeds, as it was awarded a sum for improvements to the buildings.

D5. Recreational opportunities for women

In the early 1980s there were few recreational facilities in farm villages. Some farms had football pitches and a few workers remember playing football against other farms with the encouragement of the farmer.

The women, however, had no recreational facilities at all. They gambled a lot, playing *chiware*, a game involving beads, and *ndyore*, which involved cards. Where there was no beer-hall, women bought beer outside the farm and carried it in for sale, or brewed it in their villages, just as they did in their rural villages. Dancing was also popular, and during the Christmas celebrations each ethnic grouping in the village – Zezuru, Chewa, Lozi – entertained the others with traditional dances.

On 13 of the 39 farms surveyed in Mashonaland Central, however, the women remembered that there had been a women's club in the late 1970s. In all cases these clubs had been set up and supported by the farmer's wife, who taught the women to sew, knit, embroider and crochet. Most women wanted to belong to these clubs, but some were not able to because of lack of time or money for materials. Although the farmer's wife was seldom seen in many farm villages, those who ran women's clubs were highly regarded by the women. Their kindness and their help with clothes for the workers' children – especially new babies – and with materials and sewing machines for the clubs was much appreciated.

Notes

Reference materials used in this chapter include:

1. *Auret 1990*
2. *Chikanza et al 1981*
3. *Clarke 1977*
4. *Duncan 1973*
5. *Laing 1981*
6. *Laing 1986*
7. *Loewenson 1985*
8. *McIvor 1995*
9. *MCCDWA 1982*

Chapter Four:

The first trial on the farms

SUMMARY

In August 1981 the Farm Health Worker Pilot Project was launched on six farms in the Bindura area of Mashonaland Central. Project partners were the government and SCF, which provided the funding.

The objectives of the project were to:

- Train a Farm Health Worker (FHW) for each project farm.
- Provide a mobile clinic to visit farms and deliver primary health care: for example, immunization, family planning and antenatal care.
- Provide builder trainers to construct pit latrines and protected wells.

The pilot project was a success. In only 16 months, the number of farms involved grew to 54, 108 FHWs were trained, and primary health care was delivered to 20,000 people; 59 per cent of families now had toilets. The FHWs also helped to set up preschools on the farms.

However, neither the workers nor the farmers seemed keen on giving the FHWs remuneration, so they were paid out of profits from the beer halls. Many farmers were also reluctant to make the capital investment needed to sink boreholes and install sanitation, so the builder trainers employed by SCF concentrated on building protected wells and Blair latrines.

Nevertheless, with some reservations, the farmers and farm workers welcomed the pilot project. The farm worker committees, however, regretted that it had been unable to do more about their poor housing, lack of clean water and limited access to clinics and schools.

A. THE ORIGINS OF THE PROJECT

A1. Dr Laing sets the ball rolling

In August 1981 Dr Laing's concern at the growing malnutrition and disease among farm workers in the Bindura area of Mashonaland Central prompted him to launch a health intervention on the farms.

The absence of government policy on health services to commercial farms meant that there was no budgetary allocation for such services, and Dr Laing experienced great difficulty in setting them up. It was eventually suggested that primary health care workers be trained. They could be called Farm Health Workers (FHW), on the analogy of the VHWs being trained for the communal areas. Once again, there was no government funding for this training, so Dr Laing approached SCF for financial assistance.

At the same time Dr Laing took the survey findings – particularly those concerning the malnutrition of children – to the *Sunday Mail* and received good coverage, much to the anger of the farmers. However, colleagues recall how frustrated Laing felt. There was an enormous primary health care drive throughout the communal areas, but he could not do the same for the people on the farms 'because his constituency was not communal'. His efforts to publicize the situation were an attempt 'to jolt his own ministry and the farmers into action'.

A2. SCF becomes a partner

SCF showed interest in the Bindura pilot project; as we have seen, the agency had already been involved with the MOH in health care delivery and had been party to the development of health care policies. Ewan Lindsey-Smith, SCF field director at the time, was particularly attracted to an intervention that would benefit a large number of children. Of the people living in the farm villages in the target area, 63.8 per cent were children under 15.

Before committing itself to the intervention, however, SCF canvassed support among farmers and farm workers. In all, 20 farms showed an interest, and from these, 16 (four situated along each of the four main roads leading out of Bindura) were selected. In August 1981, the Farm Health Worker Pilot Project was established, with SCF partnering the government and providing the funding: 100 per cent in the first year and 50 per cent in the second. In the third year, it was proposed, the rural council or Ministry of Health would take over the project and fund it thereafter.

Initially, this was to be a pilot project in the Bindura area only with a life span of two years, 1981–83. It was to focus on the six farms used by Chikanza and Loewenson for their 1981 situation analysis, and from there the project would move on to include another 12 farms.

SCF was not directly involved in implementing the project, but did play an important role in liaising with farmers, councillors and Ministry of Health personnel. From its very inception, the Farm Health Worker Project was to be a local project: it would involve local authorities and service deliverers, farmers and the farm worker communities.

B. THE BINDURA PILOT PROJECT 1981-83

B1. Objectives and methods

The specific objectives of the project were to:

- Vaccinate all children in the area and monitor their growth through Road to Health Cards.
- Provide one latrine and one water point for every family.
- Improve the nutritional status of the children by raising nutritional awareness in the community and promoting family vegetable gardens and poultry and rabbit projects.
- Provide primary curative health care to the communities.
- Prevent malaria by chemical prophylaxis and spraying of dwellings.
- Increase awareness among farm workers and farmers of the multiple factors that lead to improved health.
- Reduce the number of admissions for preventable conditions to Bindura Hospital from the farms.

These objectives were to be achieved by:

- Introducing primary health care to 'every farm compound in the area around Bindura' by training farm health workers.
- Providing a mobile clinic that would visit farms with FHWs each month to hold an under-fives clinic and immunize the children, to offer family planning and antenatal services, and to give curative services to the community.
- Providing a builder trainer experienced in constructing various pit latrines, water pumps and water filters, who could also drive the team and help with setting up vegetable gardens on the farms.

B2. The selection and training of FHWs

Each farm worker community was asked to select two women to be trained as farm health workers, on the basis of their 'social manner and good hygiene'. In Bindura, the farm worker committees were initially involved in selecting the FHWs, but this practice was abandoned after nepotism became evident. Interestingly, in Concession it was the farmers who initially chose the trainee FHWs, but this practice also had to be abandoned when it became clear that the women in question had been selected for their ability to speak English, and as a result were not supported by the communities. Later, the communities were given responsibility for selecting one or two candidates subject to approval by the farmer's wife, an approach that seemed more successful.

The FHWs were trained at Kubatsira Training Centre, behind the Bindura hospital. Their training focused on primary health care, nutrition and preschool supervision as these were to be their main areas of responsibility. This initial training was to be followed thereafter by a monthly refresher or one-day training session.

The trainers included Mrs Chikanza, a nutritionist, Mrs Muchapondwa, a preschool trainer,

and the nurse in charge, Mrs Chikava. These trainers, together with Johnson Chinyanga and Maxwell Maendaenda, the water and sanitation builder trainers employed by SCF, made up the first Farm Health Worker Programme team.

In the training of the FHWs, the two main manuals used were the WHO's *Training and utilization of Village Health Workers* and *Where there is no Doctor* by Werner. These proved to be inadequate, however, and the trainers ended up by writing their own materials. The training at Bindura and Concession largely consisted of films, pictures and practical lessons.

It was soon realized that the success of the FHWs could not be judged by their written output, but rather by how effective each was in her own environment. This view was supported by a FHW, who argued that 'what an FHW lacked in education they made up for in their commitment and willingness to learn'. Initially, 20 farms in the Bindura area sent women to be trained as FHWs (cf. Appendix 3).

B3. The FHWs start work

After training, the FHWs were issued with a kit of basic medicines, bandages and other items, and with a box of preschool equipment that included (among other things) scissors, glue, chalk and a notebook. In Concession, Sister Edmonstone, conscious of the many deliveries the FHW would no doubt be required to assist with, also trained them as traditional midwives and sent them home with another small box containing a blade, a piece of boiled string and some meths.

Once back in their villages, the FHWs focused on the under-fives; this involved home visits, discussions with mothers, monitoring of Road to Health cards, giving advice and reporting illness. There was special emphasis on the care of malnourished children discharged from hospital, which included setting up nutrition gardens. The domiciliary visits and the health education generally took place in the late afternoon, as most women had finished their *mugwazo* by then. The FHW treated minor illnesses in small dispensaries established by the farmer, referred patients to hospital if there was no change after three days, and kept records of patients. Once a month the FHWs received a visit from the support training team.

B4. Problems over remuneration

Dr Laing had originally envisaged that FHWs would be part-time volunteers receiving an allowance from the clinic: for example, three cents for every new attendance at the mobile clinic and two cents for each repeat attendance. This did not happen, as the communities were reluctant to give money to the FHW. At the time this was put down to the fact that the workers saw themselves as being there only for a short period of time and were therefore unwilling to invest in a service that in the long run would benefit others. Interviews with workers who have been on the farms since the inception of the programme have, however, revealed other factors:

- Some workers felt that the farmer should pay.
- Some were reluctant to pay someone they had not chosen; in those early days FHWs were more often selected by workers' committees than by individuals.
- Some resented the new role of the FHW.

In those first few years, some farmers were very appreciative of the presence of the FHW and paid them a monthly allowance of between Z$10-22, whereas others attempted to deduct a nominal sum from each worker and 'topped up' the community contributions. However, many of the 54 farmers who had had FHWs trained in this pilot project refused to accept responsibility for paying.

Paying FHWs had not been part of the original proposal, but it was hoped that the practice would be adopted once people saw how useful their services were. Determined not to let the scheme fail at the outset simply because there was no remuneration for the FHWs, Dr Laing collected clothing, food and cooking utensils from willing supporters to use as incentives for the women. Meanwhile, the Bindura team sought a solution that would enable the community to contribute to the FHW's pay. The team finally hit on the idea of the workers' committees running the beer-halls and using the profits to pay FHWs and other extension workers, such as teachers. The anomaly of encouraging beer-drinking to pay for a farm health worker appears to have been lost on the health personnel and Bindura council.

On some farms the idea worked well, but the lack of solidarity among the workers often created problems. For example, it placed the control of the FHW to some degree in the hands of the males, and if, as happened on one farm, 'the men decided that the FHW was not worth the salary she was paid (despite the feelings of the women and children) they simply boycotted the sale of beer on that farm.'

Other problems arose from this dependency on beer sales. Farm workers ran the beer halls and in many cases misappropriated the money from which the FHW was paid, so that she received nothing. One woman also explained that 'during the petrol crisis there were no beer deliveries, and in consequence no beer sales', which meant no money to pay the FHWs – as a result, many of the women went back to working in the fields. As early as 1983, when the pilot project ended, Dr Laing urged that 'some other form of payment' be found, other than 'using a fund which may be depleted in exactly those conditions in which health workers are most needed' (Laing 1983).

B5. Preschools on the farm

The communities were very keen to set up preschools at which the FHW would look after the children. For the most part, these were simply gathering points where under-fives were supervised, and they usually operated only in the mornings. On some farms, the men put up thatched preschool shelters and grass fences in their own free time, while the mothers provided food for a midday meal. In the early days of the programme, *mahewu* (sweet beer) donated by NUTRESCO was supplied to each preschool from the Bindura hospital, and later SCF provided skimmed milk for the children.

Many parents agreed to pay 50 cents a month to enable their child to attend the preschool, but attempts by the farmers to deduct this fee from their wages were less popular. Others, however, refused to pay, and this was not always because they could not afford it: some women went so far as to send their children to preschools on adjacent farms 'to avoid their money being used for the care of their neighbours' children'. There were also farmers who were not keen on the preschools, describing them as 'a waste of the women's time and of the workers' wage packet'.

B6. Water and sanitation improvements

The water and sanitation team was responsible for improving the environmental health conditions on the farms. This was not always an easy task, for although most farmers supported the idea of a FHW, few were interested in making capital investments: for example, the team had hoped to encourage farmers to provide potable water by sinking boreholes, but at a cost of Z$2-3,000 each, there were few takers, and therefore the team turned to the sinking of protected wells.

However, those farmers who were concerned about water and sanitation welcomed the practical training for farm builders in the construction of Blairs and wells, and a number of such training sessions were carried out on the project farms. The project's builder trainer would stay for a week or two on a farm and train two or three workers in the construction of Blair toilets, and where requested, would also supervise the digging of shallow wells that were then fitted with Blair hand-pumps; the farm builders were also trained to maintain the hand-pumps.

Percy Kademeteme, one of the first builder trainers, recalls his early training sessions on farms, especially the excited audience they had every day while they were building. The people were very proud to have a toilet in their village; but, he added, 'It was very difficult to persuade a farm worker to use a toilet.' As most early toilets were communal, the people were afraid that by using them they would become vulnerable to witchcraft, which typically uses hair, nail clippings and faeces.

B7. The involvement of the farmers

Although some farmers supported the FHWP scheme, they were not always keen to talk to the team members. *'Aingotaura achifamba* – He talks while walking away,' was a common complaint. The relationship between farmers and the staff of the mobile clinic or the FHWP training team was not easy in those early years. Deeply ingrained attitudes made discussion difficult, particularly when it concerned the poor health of the families. The attitudes of the farmer and his wife were partly the product of ignorance: many farmers and most wives had no idea how their workers lived – they had never been down to the workers' village, they had never talked to the general workers about their needs and problems.

One of the Builder Trainers described the visit of HRH The Princess Royal, president of SCF, to a farm in the Bindura area where he and the community were digging a well. The farmer's wife accompanied the princess down to the farm village and was shocked at its condition; she had never been there before. She was unaware that the trainer had been sleeping in a 'goat shelter' that he had had to clean out before he could use it. The day after the royal visit the bulldozers were brought in and the environs of the village were totally cleared of rubbish. Other improvements followed later.

The FHWP teams also attempted to hold regular meetings with workers' committees to assess progress and decide new directions for the programme. They also used this opportunity to help the committees prepare objections to the Industrial Relations Regulations Tribunal, which heard inputs at their annual review. The farmers were not happy about this aspect of the programme, however, as they disliked anything 'which smacked of politics'.

C. WHAT DID THE PILOT PROJECT ACHIEVE?

C1. The effectiveness of community participation

Although SCF's contribution to the two-year pilot project had been primarily financial – it provided Z$22,520, while the Ministry of Health invested Z$9,980 – this had enabled a concerned government doctor and his staff to bring health care to a section of the country's population who were not provided for in the government health budget. The pilot project had also clearly demonstrated the 'effectiveness of community participation in the development of health services'.

The evaluation of the pilot project revealed some remarkable achievements:

- The number of farms involved in the programme had increased from six to 54 by 1983. This boded well for the continuation of the programme.
- The mobile clinic had been able to visit 54 farms, bringing primary health care to 20,000 people, of whom 8,000 were children.
- By the end of 1983, 108 FHWs from 54 farms had been trained; 105 had received further training in supervising preschools.
- Seventy per cent of houses had by 1983 built pot racks and 67 per cent refuse pits.

Although Dr Laing considered 16 months to be too short a period in which to bring about any real change in health status – an opinion shared by Dr Robinson, who stated that 'normally the benefits of a preventative-oriented health project are necessarily long-term' – these achievements did have positive implications for the future.

The regular visits by mobile clinics had also improved access to health services:

- All mothers on the 54 farms had been able to attend an antenatal clinic.
- 56 per cent of mothers and 54 per cent of children had attended a clinic for curative purposes.
- 94 per cent of children on project farms had a Road to Health card and had attended an under-fives clinic.
- 45,282 under-fives had been vaccinated, raising immunization rates on the project farms from 17 per cent to 81 per cent; rates on the non-project farms had also increased by 70 to 80 per cent, indicating the spin-off effect of proximity.

The evaluation also showed that there had been a significant increase in nutritional awareness on project farms and a shift from severe to mild undernutrition among the children. However, Dr Laing noted in 1986 that, although it had been relatively easy to measure health service inputs, it was far more difficult to attribute any change in nutritional status to the project, as 'the causes of change in health indicators such as nutritional status are dependent on wages and other conditions as well as on health services'. The increase in the minimum wage that took place during this period could equally well have explained the changes.

Where environmental health was concerned, it was not possible to assess any improvement in access to potable water during the project, as neither the data collected for the 1981 survey nor the findings of the 1983 evaluation indicated the source of drinking water for

the worker families. Nevertheless, SCF records show that 18 protected wells with hand pumps were dug on the 54 farms. In addition, one farmer installed a pressure filter with a continuous chlorination system feeding 12 standpipe taps in the village.

By the end of 1983, 655 toilets had been built and 110 farm builders trained. On the six original farms, 59 per cent of families now had individual Blairs, compared with the previous situation, when 67 per cent of families had been using individual pit latrines and 19 per cent communal pit latrines or the bush. Unfortunately, the early Blair model did not involve lining the pits, and in consequence many of the earlier toilets on the farms collapsed.

C2. What did the farmers think?

Farmers interviewed during the 1983 evaluation described the aim of the FHWP as the improvement of the general health of the workers, which reduced the waste of man-hours and the visits to hospital. They felt the project had achieved this aim.

On the other hand, farmers felt that the programme had failed to deal adequately with family planning and had provided insufficient education on diet, nutrition, hygiene and projects such as vegetable gardens. Although they welcomed the drugs supplied to FHWs, they complained that these were insufficient to free them from the 'onerous task of treating the sick'.

Although they appreciated the benefits the programme brought to their workers, few farmers were willing to pay the FHWs an allowance. The majority felt strongly that the delivery of health services was the responsibility of the government.

C3. What did the farm worker committees think?

The members of the farm worker committees who were interviewed said that the workers appreciated these aspects of the project most:

- Improved child and adult health; fewer hospital attendances.
- Construction of toilets.
- Improved cleanliness in house and village.
- Awareness of and education in baby care.
- Establishment of preschools.

However, the farm workers regretted that the programme had been unable to improve their poor housing, lack of water supplies and limited access to schooling and clinics. Nor had it been able to change their working conditions, which they felt were harsh, involving long working hours and no overtime pay.

In all but three of the 14 farms surveyed, the workers' committees said that the programme had not improved relationships between worker and farmer, and they accused the farmers of indifference. Generally speaking, they felt that the scheme had produced 'no real changes'.

It is interesting to note that, as early as 1983, farm workers on workers' committees, although for the most part illiterate, were using a much broader definition of health than

that of the farmers. They pointed out that their economic status was much more important for their health than the water, sanitation and education in diet and hygiene mentioned by the farmers.

Notes

1. *Edmonstone 1997 - interview*
2. *Laing 1981*
3. *Laing 1986*
4. *Loewenson et al 1983*
5. *McIvor 1995*
6. *Metcalfe 1983*
7. *Mukasa 1983*
8. *Robinson 1983*

Chapter Five:

Moving slowly forward

SUMMARY

The success of the pilot project led other districts of Mashonaland Central to express an interest in replicating the Farm Health Worker Programme in their areas.

SCF therefore agreed to support the expansion of the programme throughout the province in two phases from 1984 to 1989; UNDP agreed to co-fund this. The overall target of the expanded programme was to introduce primary health care and preschool care to 60 farms in each of seven areas of Mashonaland Central in six years.

The expansion obliged SCF to widen its role to include training, technical assistance, health education and community development. It took on more staff – including community development officers – and set up a central support team to support the FHWs in the new areas.

In this phase there was more emphasis on income-generating activities for women's clubs, on skills training and literacy, and on water and sanitation.

During Phase Two, the programme was extended yet further – to include districts in Mashonaland West and East – and a wider, more multi-sectoral approach, involving more government ministries, was adopted.

However, because the programme was set up in different ways by different local authorities, it met with varying degrees of success in the various areas, during this period.

A. THE PROPOSAL FOR A FULL-SCALE FHW PROGRAMME

A1. SCF urges expansion

By late 1982 SCF realized that the pilot project had highlighted the needs of the 1.7 million farm workers and their dependants and had demonstrated a model primary health care approach through community involvement.

Accordingly, the agency agreed to support the extension of the FHWP throughout Mashonaland Central Province. The initial target was to be 60 farms in each of seven areas

– Bindura, Mvurwi, Shamva, Glendale, Centenary, Concession and Matepatepa – 'giving a total of 420 farms, covering 25,000 families and 150,000 people'. It was envisaged that the programme would be extended in two-year phases.

The only constraint was that capital expenditure should be kept to the minimum and running expenses to those of the Bindura pilot project: Z$1 per head per annum. SCF also promised to facilitate the production of a health policy for this sector of the nation and, in recognition of the fact that health status depended on more than just medical input, to support a multi-sectoral approach in the future.

A2. The provinces express interest

By late 1982, other Provincial Medical Directors (PMDs) and rural councils in provinces other than Mashonaland Central had also realized that, without a change in government policy on service delivery, there was little hope of addressing the health and educational needs of farm workers. However, the FHW pilot project, whose success had been widely publicized, offered a viable alternative for health care delivery and other provinces began to express interest.

A number of districts in those provinces now indicated their desire to set up a similar programme. In some, it was the rural council that wished to initiate the scheme; in others, it was the Government Medical Officer (GMO) of a district hospital. SCF therefore received several requests for assistance towards the end of 1983. As SCF's policy was to support as many schemes as possible, it responded with information and advice, and in some instances gave financial help.

This growing commitment to the programme soon involved a considerable amount of funding, and SCF accordingly sought co-funders. In the current climate of positive relations between donors, NGOs and government, they were not difficult to find.

B. THE PARTNERS IN THE PROGRAMME

B1. New actors and new responsibilities

The United Nations Development Programme (UNDP) agreed to co-fund the programme with SCF through its project PROWESS (Promoting the Role of Women in Water and Environmental Sanitation Services). In 1984 UNDP signed a contract with SCF and MOH for phase one (1984–86) of the expansion of the programme in Mashonaland Central, and this was followed in 1987 by an agreement to continue the programme in Phase Two.

According to their agreement, UNDP and SCF were to provide funding for the expansion of the FHWP into two new districts during Phase One and four new districts in Phase Two. All monies for the programme would be channelled through SCF. The programme partners further agreed that, where no health care facilities existed in the new areas, they would pay for them to be set up. Where mobile health services were already operating, however, the FHWs would simply be linked to them.

UNDP and SCF agreed to cover the full cost of the programme in the first year, half the cost in the second year, with MOH covering the other half, and to hand the programme over to

the local authorities in the third year. Thereafter, the councils would be responsible for the salaries of the staff and the government for the running costs of the programme. Before signing the FHWP agreement, UNDP had insisted on wide-ranging consultations with the rural councils so as to ensure their support.

B2. The involvement of farmers and farm workers

The main actors acknowledged that the success of the programme would depend on the support given by the farmer, who was perceived as having primarily a motivating role. It was also expected that the farmer would contribute towards the FHW's allowance, support water and sanitation improvements and promote the scheme among other farmers.

The partners also insisted that the understanding and commitment of the community were equally vital to success. Local people must be actively involved in developing their villages. These roles were identified as the responsibility of the community:

- The selection and support of FHWs , plus a contribution towards their allowance.
- The construction of refuse pits and pot racks.
- The selection of builders and paying them for their services.
- Help with the construction of toilets, water points, preschool areas and clinics.

The proposed roles for the farmers and the farm workers were apparently chosen without consulting either group. No record could be found of any contact with the Commercial Farmers' Union (CFU) or of general meetings with the farmers (apart from the meetings prior to the pilot project). Nor is there any record of meetings with worker unions, whose support for the programme would have been crucial in motivating the workers.

B3. The implications for SCF

The setting up of the main FHWP expanded SCF's role substantially. It had to respond to requests from other provinces to share the pilot project experiences and to help plan similar schemes. The agreement with UNDP also imposed new obligations: these included participation in the planning and administration of the programme, as well as familiarizing Councils with the FHW concept and facilitating their involvement.

SCF was also required to be the employer of the proposed Central Support Team (CST) and to pay the salaries of the team – except for the team leader, who was employed by the MOH – the capital costs of a CST vehicle and the running costs of the team. In addition, the agency was to report on the progress of the programme, and to co-ordinate the evaluation carried out at the end of each two-year programme phase.

Other tasks for SCF included:

- Setting up training centres.
- Giving technical assistance on housing, water and sanitation.
- Training for and delivering health education.
- Supporting community development.

As the programme grew in scope, so too did the need for extra staff:

- The pilot project had clearly shown that the living conditions of the farm workers could not be improved without actively involving the farming community, so in late 1985 Josephine Mutandiro was employed as a full-time SCF community development officer; Stella Maravanyika, her team mate in VOICE, was also taken on.
- A further three Builder Trainers – Briard Munatsi, Stanley Marimo and Kenneth Chitongo – were employed for the water and sanitation component of the programme.
- In 1986 SCF took on a health technical advisor, Dr Titia Warndorff, to work with the FHWP.
- In 1987 SCF employed a water technical advisor, Tom Skitt, who also worked with the FHWP.

In 1986, to raise awareness among councils, government personnel and farmers, SCF actively publicized the various programmes and their achievements: for example, it organized the Nyaminyami Development Conference, where all the participants were housed in 80 tents, and took a stand at the Harare Agricultural Show. Farmers from various areas visited the stand to enquire about the FHW programme, but no officials came from the CFU.

The FHWP also attracted international attention:

- Dr Ramphele Mamphele (currently vice chancellor of the University of Cape Town) was interested in the programme as a model for South Africa.
- Chris Patten, at that time head of the Overseas Development Agency (ODA), the British government's aid arm, visited the farms in the programme and was later approached for funds.

C. EXPANSION WITHIN MASHONALAND CENTRAL 1984-89

C1. Phase One (1984-87)

The proposed expansion of the programme during Phase One made it necessary to create a Central Support Team (CST) (cf.45), based in Bindura, to train and support the trainers working in the new programme areas. In addition to actual training, the CST produced training materials.

The first two new schemes were set up in the rural council areas of Shamva and Mvurwi, with the active support and involvement of the RDCs. During the next two years the programme spread rapidly in the new areas, achieving a 50 per cent coverage of farms. SCF gave the RDCs a total of Z$130,000 to cover the salaries of the FHW team, the purchase and running costs of team vehicles and the establishment of training centres.

Although Phase One of the programme expanded its commitment beyond EPI intervention, it remained essentially health-focused; accordingly, the MOH and the rural councils remained SCF's major programme partners in Mashonaland Central and the other provinces where the health scheme was replicated. The training for FHWs was increased from six to eight weeks, to incorporate the preschool component, and additional courses on the construction of wells and toilets were delivered by two teams of builder trainers who travelled around

the farms on the EPI vehicle. The FHWP team gave the trainee builder trainers some health and hygiene education in the hope that they would motivate the workers to use the new toilets. Although some farmers did respond positively, the water and sanitation component of the programme developed slowly. The response of the community was also disappointing, probably because they were unaccustomed to toilets.

The FHWs were given extra training to increase their ability to promote other development initiatives, such as health and hygiene education, women's clubs and traditional birth attendants. They were helped in this by the SCF community development officer , whose role was to help the communities identify their needs and to transfer skills to the women.

Health and hygiene education – which included environmental health issues such as rubbish pits, soakaways and pot racks – was delivered by the SCF community development officer and an officer from the MOH. The community was enthusiastic about the training, even though the workers could only attend sessions after work. The British Council and MOH provided a generator, a projector and a large number of films on health issues. Each FHW mobilized farm workers in a small cluster of farms and the films were shown to the group at a centrally situated farm. A participatory health education session based on the film followed each showing.

Unfortunately, by 1986 the schemes in Bindura, Concession and Glendale were experiencing difficulties. In Bindura, conflict with the MOH was exacerbated by the loss of active support from SCF. In Concession and Glendale, the MOH insisted that, to save transport costs, the programme be split between the rural council and the district hospital. Persistent transport problems, arising out of the need to share a vehicle with other MOH personnel who were not interested in the FHWP, eventually led to the cessation of the EPI services.

C2. Phase Two (1987-89)

Before Phase Two began, it was agreed that the MOH would be responsible for co-ordinating and implementing the programme, and that SCF, in addition to its original role in administration, would be more actively involved in implementation.

Phase Two saw the programme spread to four further areas – Concession, Centenary, Glendale and Matepatepa – where FHWP teams and training centres were similarly established under the authority of the rural councils. In Mazoe (Concession/Glendale), as mentioned above, responsibility for the programme was split between the council, which had its own mobile clinic, and the district hospital. However, at the insistence of the MOH, the vehicles purchased for these programme areas were not handed over to the councils but became the property of the ministry.

By the end of 1988 three training centres were operational in Centenary, Glendale and Matepatepa and all but one had been handed over to the relevant rural council by December of that year. During 1987-88, 108 FHWs were trained in the four new areas. However, many of the 54 trained in Concession and Glendale had been FHWs previously and attended the training simply as a refresher course.

The Bindura scheme continued to experience major difficulties because of the lack of support from the PMD, which had resulted, among other things, in the loss of the central support team. This had been replaced by the Provincial Health Team, which had no particular

Chris Elnidge SCF (UK) PD opening one of the first training centres: Tsungubvi, Glendale

interest in the FHWP. The disappearance of the CST caused the interest of the farmers and the involvement of the communities to decline.

In an attempt to boost the capacity of the Bindura programme, SCF funded a training centre in Chipadze suburb that was handed over to the rural council in 1989. The total cost of this phase to SCF and UNDP was Z$402,000.

Although the programme objectives did not alter substantially in Phase Two, there was a greater awareness of the linkages between different parts of the programme, resulting in the adoption of a multi-sectoral approach. This led to a number of changes:

- There was more training of traditional midwives.
- The preschools component was expanded to include training in the construction of outdoor preschool equipment.
- The women's clubs placed more emphasis on the establishment of income-generating projects.
- There was more emphasis on community development, including skills training for women and adult literacy.

There was greater emphasis on promoting better sanitation and access to potable water, which required SCF to provide advisory and consultative personnel as well as additional water and sanitation builder trainers. It had been hoped to train 272 builders – one from each farm – during this Phase, but in the event only 38 were in fact trained. However, the removal of the SCF builder trainers from the programme in 1987 was considered by the farmers interviewed to be the crucial factor in slowing down improvements in the sanitation on the farms.

The wider scope of SCF's operations now required it to work with ministries other than the curative component of MOH: for example, the MOH's environmental health department, the MCCDWA and the Ministry of National Affairs.

In areas such as Centenary and Concession, the Womens' Institute gave ad hoc help in setting up women's clubs.

During this phase SCF continued to deliver health education in conjunction with the Ministry of Information and the British Council. Growing awareness of the links between health and community development led to the FHWP teams being actively encouraged to use Participatory Rural Appraisal (PRA) methods, which focus on community participation in development intervention. (Tables indicating the progress of the programme during this period are to be found at the end of the chapter) .

D. REPLICATION IN MASHONALAND WEST AND EAST, MANICALAND AND MIDLANDS 1984-87

D1. A variety of new approaches

The success of the FHW pilot project in Bindura aroused interest in districts such as Karoi, Umboe, Banket/Ayrshire/Trelawney, Kadoma, Gweru and Chipinge during 1983, and SCF was asked to help set up similar schemes.

The new schemes, although they all focused on primary health care provided through an EPI unit and the training of FHWs, were set up in different ways by different local authorities – largely because there had been no clear policy about who was the responsible authority in the Bindura programme, and the government had made no financial commitment to an FHWP expanded beyond Mashonaland Central. In some areas, therefore, the council rather than the MOH was the key actor, and farmers were involved to a much greater degree in some areas than in others.

By early 1985 it had become clear that interest in replicating the programme in other districts was likely to continue. To ensure that each interested district received maximum support, SCF and the PMDs of Mashonaland Central and West formed a committee to act as an information base.

Initially, SCF's role was limited to sharing experiences of the pilot project and giving Z$36,604.69 for the construction of training centres in Umboe, Gweru and Chipinge. In 1985, however, as a result of its agreement with UNDP, SCF became more actively involved in the FHW schemes in other districts, particularly Mashonaland West, facilitating the training of FHW trainers, providing technical training and support in toilet and well construction through the CST, and supporting other areas of community development.

By 1985 a total of 120 FHWs had been trained in the Mashonaland West Province, a ratio of one FHW to every 3,056 people. Comparing this with the national target of one VHW to every 250-1000 people underlines the inequities that farm workers suffered in access to primary health care.

D2. The involvement of farmers

In areas where rural councils initiated the schemes, the farmers were initially very involved. In Chipinge, for example, the total cost of FHW training was borne by the farmers themselves, and the salary level (Z$33) was decided between the farmers and the FHWs and paid either by the farmer alone or by the farmer and welfare funds. The farmers also provided their FHWs with bicycles.

Within two to three years of the beginning of the schemes, however, the CST was called in to help several FHWP teams mediate between workers and farmers over the non-payment of FHWs and other operational difficulties. One CST visit to farmers in Kadoma revealed that they had misunderstood the objectives of the FWHP. The farmers claimed that they had not realized the FHW had to be paid or that the farmers were to be responsible for improvements in environmental health.

However, a senior government health official maintained that the problem had really arisen over a rural council recommendation that farmers and workers' committees should each pay half of a Z$75 allowance. The workers' committees claimed that they did not have the money to pay their half, whereupon the farmers angrily denounced the government for dropping its responsibilities into the lap of the farmers.

By 1987 SCF had begun to reduce its involvement in other provinces, feeling that it could leave further development of the FHWP to other organizations such as SIDA, which had already registered an interest in the programme.

Notes

Reference materials used in this chapter include:

1. *Loewenson 1985*
2. *Metcalfe & Lindsey-Smith 1982*
3. *Metcalfe 1983*
4. *Metcalfe 1987*
5. *Mukasa 1985*

Chapter Six:

The impact of the programme on women and children 1982-1989

SUMMARY

In 1989 an SCF review found that the FHWP had exceeded its original target: it had, in fact, reached 200,000 people on 560 farms (12 per cent of Zimbabwe's farm worker population).

Farm workers and their families claimed that as result of the mobile clinics which provided needed medical services, and the health and hygiene education provided by the Farm Health Workers, children were healthier, women had better access to antenatal care and the farm villages were cleaner.

But this was not achieved without problems:

- owing to the irregularity of pay, the increasing workload and the lack of transport, there was a high drop-out rate amongst FHWs
- largely owing to the reluctance of farmers to make the capital investments needed to construct toilets, boreholes and wells, the environmental health component of the programme lagged behind.

The gradual introduction of preschools enabled children to be gathered together and fed, thus improving their nutritional status. Some preschools also began to acquire toys and equipment.

Unfortunately, little could be done to reduce illiteracy, as the potential pupils – especially women – had neither the time nor the money to attend classes.

Women's clubs were revived, offering tuition in cooking and sewing, and in some cases expanding into income-generation activities.

A. IMPROVEMENTS IN HEALTH

A1. The statistics of achievement

In 1989 SCF carried out an internal assessment of the programme achievements in Mashonaland Central as a whole. This clearly indicated that the FHWP had more than

achieved its original objective, which was to introduce primary health care and preschool care, in the form of FHW and EPI visits, to 60 farms in each of seven areas in the province within six years.

By the end of 1989 the programme had in fact reached 80 farms in each of seven programme areas (training at least one FHW per farm) and provided a range of social services to 200,000 people on 560 farms, approximately 12 per cent of the total farm worker population (and 2 per cent of Zimbabwe's total population).

But what did it mean for the women and children on the farms? What changes had the FHWP brought to their lives? Of the 256 women interviewed recently, 120 had been beneficiaries of the programme before 1989 and were willing to share their perceptions of the changes that had occurred.

A2. The benefits for women and children

The 1989 evaluation showed that, in the seven programme areas over the previous three years, access by farm workers to health facilities in the 560 farms covered by the mobile service had increased by 43 per cent. This improvement was substantiated by many of the women interviewed in the recent research, who asserted that the FHWP had been beneficial to the whole family, particularly the children. They remember how, once they had heard of the programme, they had been keen to have a Farm Health Worker in their village, and they recall their hopes that:

'They would be able to knock at someone's door at night and get help for a sick person.'

'There would be someone to help with deliveries.'

'Children wouldn't get sick any more.'

'Children would be looked after while they were at work.'

The women felt that the programme had realized these early hopes, but slowly. More specifically, they claimed that more sick people had been transported to hospital because the FHW liaised with the farmer, that women had had access to midwifery services, that their villages were cleaner and that their children were healthier. The younger women particularly emphasized the benefits of the FHW's preventative health care role, which included house visits and health and hygiene education. The interviewees remembered the introduction of the mobile clinic to immunize children, provide pre- and post-natal care for pregnant women and facilitate family planning as one of the highlights of the 1980s.

Home and Garden Competition, Chivero Farm, Bindura

A3. The problems for FHWs

However, these improvements in health status had not been without their problems. Many FHWs had been trained and started their community activities, giving hope to thousands of women and children, only to give up their work soon after.

In Mashonaland Central 631 FHWs had been trained by 1988 (Eldridge 1988), but throughout the programme period the average drop-out rate remained around 33 per cent (1985 and 1987 evaluations):

- Three years after the programme began in Shamva and Mvurwi, the 1987 evaluation showed an FHW drop-out rate of 60 per cent in Mvurwi and 70 per cent in Shamva.
- Of the 140 FHWs trained in Bindura in 1985, a quarter had dropped out by the end of the year.

Many FHWs were only part time, and were expected to work in the fields for most of the time. This meant that they were not always readily available to care for people in the event of illness or accident, and they were too tired at night to answer night calls. Others who were dependent on beer-hall profits for their pay often ended up selling beer themselves in an effort to guarantee their salaries.

These early difficulties arose primarily from the lack of understanding among farmers of the benefits of FHWs, shown chiefly in a reluctance to pay them a regular salary. Farm worker communities and farmers were unclear about the scope and priorities of the FHW's job and their corresponding responsibilities and obligations. Between 1981 and 1987, for example, the FHW's job description had grown to encompass preschool supervision, family planning, health education and the promotion of other community development initiatives such as adult literacy and women's clubs. What for many women had started out as a part-time job had now become full-time, and the question of a salary was even more important. The average salary for those FHWs who were paid was only Z$55 , but most FHWs felt they should earn Z$115, the minimum wage at that time. This situation changed little until the mid-1990s.

Farmers perceived the FHW as a curative health worker, a 'nurse' who dispensed medicines at specific times, rather than a preventative health care worker whose main role was to work with the community in the village. This apparent lack of appreciation by farmers inevitably led to a lack of respect for FHWs among the workers.

Inadequate communication and consultation between farmer, FHW and FHWP team, the level of literacy and therefore the degree of understanding of the FHW of her own role as a FHW, and the limited involvement of the FHWP team in monitoring and follow-up owing to transport problems also affected the FHW's ability to fulfil her role adequately. However, awareness raising among farmers and workers gradually improved the understanding of the community as a whole, leading to better service delivery.

When asked why they thought FHWs had dropped out in the early days of the programme, the women had this to say:

'The FHW tried hard, but the farmer did not support her.'

'FHWs were told they would be paid from beer profits, but she only received Z$10–20.'

'Right from the start there were transport problems: when the FHW had to go to get drugs, she had no money for the bus fare, so in the end, instead of the mobile clinic doing EPI, it was carrying FHWs to the training centre.'

'The FHW was not well versed in her job description.'

A4. Slow progress with water and sanitation

The reluctance of farmers to participate in aspects of the programme that involved capital investment – such as the construction of toilets and the provision of potable water from boreholes or protected wells – also hampered progress. Although 112 farm builders had been trained for water and sanitation development on the farms by 1988, access by individual households remained hopelessly inadequate: for example, in 1986 three-quarters of the farm villages in Shamva had no toilets, while in Mvurwi 56 per cent of farms were without sanitation facilities (Warndorff 1987).

The 1989 evaluation, however, showed improved access. The number of households using the bush as a toilet had decreased from 64 per cent to 47 per cent. The proportion of households with individual Blairs was nevertheless still low, at 23 per cent. The increase in the number of farm workers occupying brick houses was also very small. This situation was not improved by the refusal of workers to either contribute towards improvements that would benefit others, or to participate in tasks that they believed were the responsibility of the farmer.

Some women stated that they had been willing to dig holes for toilets but their husbands would not allow it, while others who worked felt that they could not afford the time. Other women, however, as a result of the health and hygiene lessons given by the FHW, had taken the trouble to dig a pit latrine and keep it covered at all times.

Most women felt they had benefited enormously from this education. They had become very conscious, for example, of the importance of pot racks and rubbish pits, and of the health hazard of uncovered faeces and unboiled water from contaminated sources. As this was an area of life over which the women had control, their newly acquired knowledge was translated into action. In Bindura, Mvurwi and Shamva a large number of pot racks and rubbish pits were established between 1983 and 1987. Considering that before 1985 a pot rack was virtually unknown in these areas, this was quite an achievement.

B. PROTECTION, NUTRITION AND STIMULATION FOR CHILDREN

B1. The increase in preschools

The introduction of preschools as a key component of the programme arose partly from the need to reduce malnutrition by gathering children together to feed them. By the end of 1987, 175 preschools had been established in seven programme areas in Mashonaland

Central, enabling a large number of under-fives to be supervised while their mothers worked. In Mvurwi alone, 2,504 children were attending preschools. However, the scarcity of primary schools in this area also led to the attendance of children aged 5-9, thus pushing up the attendance figures . Between early 1987 and 1989 the percentage of sampled farms with preschools increased from 6 per cent to 72 per cent.

The standard of the preschools varied considerably: a few were well-equipped early learning centres with a brick shelter and a play area, but most were simply gathering points under a tree. Even so, large numbers of children were being cared for away from the workplace. Mothers who had previously had to carry their babies on their backs while they hoed and weeded crops in the boiling sun, or while crop spraying was in progress, were now able to leave them in a secure environment. Here are some comments from the women:

Granta Farm Preschool with Chris Saunders (PD Zim) and Irene Mutumbwa SCF (UK) Field Officer, Bindura

> *'My children were able to play in a good environment where there was a toilet and clean water – they will have a brighter future than we did.'*
>
> *'Preschools gave our children a safe place to play, unlike before, when they had to play in hazardous places like the tobacco barns, or in the lands where they ate the soil and plants which had chemicals on them.'*

B2. Improvements in nutrition

The inclusion of the under-fives on commercial farms in the supplementary feeding programme in the Bindura area in the early 1980s helped to ensure acceptance of the need to provide a meal for the preschool children. Many farmers in this area greatly appreciated the preschools and provided mealie meal and *maheu* (sweet beer) for the children. Some, however, tried to charge the parents for the preschool attendance, which the women resisted. Instead, they began to cultivate a vegetable garden from which to feed the children. Some farmers also allocated plots of land for the cultivation of maize and groundnuts for the children. FHWs who had persuaded the women to establish nutrition gardens reported a considerable improvement in the nutritional status of under-fives in 1986.

Chiveri Farm preschool nutrition garden

The 1989 evaluation showed an improvement in the nutritional status of the children in all seven areas, malnutrition in under-fives having decreased from 27 per cent to 18 per cent. However, feeding the children at the preschool from nutrition gardens established by the community did not become a general practice in the programme as a whole until the mid-1990s. 'Some women did not want to leave their children at the preschool, because there was no food or because they did not like the FHW,' said one interviewee, but she added, 'Through education, we understood the benefits of leaving our children rather than taking them to work with us.'

However, on the farms where no food was provided, the children tended not to remain at the gathering points for long. The absence of fencing around the site also made it difficult for the preschool supervisor to keep the children there. Boredom, or the first pangs of hunger, drove the children back to their homes, and in consequence mothers once again started carrying their children to the lands with them instead of sending them to the preschool, or they kept older children, especially girls, away from primary school to care for their younger siblings.

Further discouraged by the irregular visits of the FHWP team – the result of the chronic transport difficulties described later – and the shortage of extension staff, many women resumed their gambling habits and neglected their families, which affected their children's nutritional status (Muchapondwa 1986). These problems, aggravated by the lack of remuneration for the FHW, led to a decline in the number of operational preschools in Bindura, Mvurwi, and Shamva towards the end of 1989.

The concept of the preschool as a place of stimulation and early learning was at this time largely unknown, as few preschools had either indoor toys or outdoor play equipment. Introducing toy making to the women's clubs solved the shortage of toys; the women were very proud of the many different soft or papier-mache toys they had made. However, some women maintained that 'although the farmer supported the preschool, there was generally no reciprocal attitude from the workers, who refused to provide labour for such projects.'

C. ACCESS TO EDUCATION

C1. Still not enough schools

Although the 1981 survey of the Bindura area showed that 63.8 per cent of the people on farms were under 15, education in the more formal sense – that is, primary and secondary schooling – was not addressed by the FHWP.

For this reason, the collection of data about the programme between 1985–89 hardly touched on formal education. The 1985 baseline survey, however, did note that in the rural council areas of Concession, Glendale, Matepatepa and Centenary there were 28 primary schools with a mean of 75 pupils per school, while the 1987 evaluation stated that access to primary school had increased to 47 per cent. In Concession, Glendale, and Matepatepa, most of the area under the responsibility of the rural council consists of commercial farms, whereas Centenary includes a large communal area as well. If there were an average of seven primary schools per district, most of the children on commercial farms would have

had a considerable distance to walk to attend them, given the geographical spread of the districts and the absence of public transport. There were no secondary schools in the commercial farming areas.

C2. Illiteracy persists

In 1987 the illiteracy rate among farm workers, particularly the women, in three rural council areas where the FHWP was operating was found to be very high. In Mazoe, for example, the rate among men was 44 per cent and among women 62 per cent, while in Bindura the rates were 44.1 per cent and 44.7 per cent respectively and in Centenary 46 per cent and 70 per cent.

The illiteracy rate in Mazoe is surprising, given the fact that in 1984 the rural council supported the formation of adult literacy groups, with tutors trained by ALOZ (Adult Literacy Organization of Zimbabwe). At that time Mazoe was the only council in Mashonaland Central with an adult literacy programme totally funded by the council. Everything from learners books to tutors salaries was covered, at a cost to the council of Z$500 a month. According to the women interviewed, however, few women attended the literacy groups at that time.

For many years women had suffered from this lack of capacity, which limited their ability to deal with day-to-day issues such as shopping at the local store, reading the instructions on medicines handed out to them at the dispensary or communicating with those of their children who were living elsewhere.

By 1987 many of the women who had joined women s clubs were also conscious that their lack of learning hindered their capacity to manage their income-generating projects successfully. Therefore, when SCF facilitated a joint Ministry of Cooperatives, Community Development and Women s Affairs (MCCDWA)/ALOZ literacy intervention in the Bindura, Shamva and Mvurwi areas, many women were keen to join the groups. This was, however, difficult for them, as they had little free time to attend classes and little money with which to purchase books. An additional problem was the reluctance of husbands to allow their wives to attend classes, especially at night, because they feared infidelity. Illiteracy among women on commercial farms was therefore still relatively high in 1990.

D. IMPACT ON SOCIO-ECONOMIC STATUS

D1. The involvement of women and children in the work force

Although the FHWP did much to improve the living conditions of farm workers by delivering services and providing training to increase capacity, the programme had been able to do little to improve their socio-economic status.

The women interviewed claimed that before the 1980s few women had worked, and that those that did were only seasonal workers. As a result of increased food prices and school fees, however, more and more women became full-time workers on farms, and many who had been given *mugwazo* (piece work) involved their children in the work in order to finish it early. The 1989 evaluation clearly indicated that since 1981 there had been a shift in the

pattern of employment on farms in the Glendale, Concession, Matepatepa, and Centenary areas. Although the average stay of workers on the sampled farms was 7.4 years, farmers were employing more casuals than permanent workers. For the first time, a majority of these casuals were women who did not live on the farms.

On the sampled farms it was also found that 8.8 per cent of all children over the age of five were working, most assisting their parents, but some being paid directly, with marginally more children of non-permanent workers working . This shift meant that the commercial farms were now employing more people who did not have long-term security of tenure, and hence were less willing to become involved in capital development of the place where they were only temporary residents.

E. RECREATIONAL ACTIVITY FOR WOMEN

E1. The women's clubs

Before 1990 there were few recreational facilities for women on farms, with women's clubs providing the only form of stimulation and learning.

Dolphin Park Farm Women's Club

Some excellent clubs had been set up by farmers' wives in the late 1970s, where sewing and baking were the chief skills imparted, and many of these clubs, particularly where the farmer's wife was actively involved, continued to operate with a strong core group of women into the 1980s.

However, others gradually declined, for a number of reasons. Older women who had participated in these clubs claimed that:

'Women were overloaded and found no time to meet at the club, especially during the tobacco season.'

'Some were afraid of being laughed at by the others because they did not know how to use a needle.'

'Women cannot work together: there is a lot of jealousy and they look down on each other.'

'Some women had little money for materials.'

'Lack of education made them unsure of the benefits of a club.'

Anne Soffe, awards PRA certificates

It was not until 1987–88, with the appointment of the SCF Community Development Officer, that women's clubs were promoted as a core component of the FHWP. In every farm village these clubs became key channels through which to impart skills and educate women. The clubs also provided good entry points into the community for other activities, such as literacy and income-generating projects.

Some of these clubs were very productive: one graduated from a vegetable garden, from which it fed the preschool children and sold the surplus, to a poultry project and finally to a woodlot from which poles were sold to surrounding farmers. Within four years, much to the surprise of the farmer, the club had made Z$50,000.

In Centenary, the Community Development Officer was assisted by a Women's' Institute trainer from Mutare, who focused on setting up projects such as bakeries, woodlots and chickens.

The Bindura Rural Council seconded its social worker to help with the women's clubs, and the extra training this made possible resulted in a significant improvement in club activities. Some farmers' wives were very supportive and bought sewing machines for the clubs. Mastering new skills gave a tremendous boost to the women's self-confidence, and the clubs also offered the chance to meet other women and move outside the world of the farm. The major constraint was illiteracy, which made it difficult for the women to keep records, and thus gave rise to distrust among the members.

The women interviewed readily spoke about the benefits of these clubs:

> *'Before, most women did not worry about how they looked after their families, but later, because of socializing with others and getting some education, they could patch their husbands' and children's' torn clothes and even sew new ones.'*
>
> *'Women learnt how to budget for their families.'*
>
> *'Women acquired skills like making bread, jam, soap, which they could sell and earn money which they did not have to give to their husbands.'*
>
> *'Men became proud of their wives because they knew how to do things, which raised their status.'*
>
> *'Women learnt other things like health and hygiene, nutrition and sanitation through the clubs.'*

Josephine Mutandiro SCF (UK) Field Officer, Mazoe judging Women s Club show in Holme Eden, Concession

E2. Competitions and exhibitions

One of the highlights of this period, as team members recall, were the regular home and garden competitions organized by farmers' wives and women's clubs. Another was the inclusion for the first time of handicrafts from farm women's clubs in the agricultural show at Bindura. This was the first time visitors had been exposed to such an array of sewing, knitting and cookery skills, and it proved to be a very powerful motivation. Tanganda tea also organized a competition for embroidered tea-tray cloths among 800 women from commercial farms.

The biggest obstacles to community participation in these events were transport and the inability to afford materials. Also, the specification for the articles to be shown was often too rigid, leaving no room for creativity.

Notes

1. *Loewenson 1989*
2. *Muchapondwa 1986*
3. *Mutandiro 1990*
4. *Warndorff 1987*
5. *Warndorff 1990*

Chapter Seven:

Reflections in mid-programme

SUMMARY

By 1989 SCF had become aware that the long-term sustainability of the FHWP was threatened by a number of problems.

Central government refused to legislate for the delivery of social services to commercial farms, resulting in continued shortages of necessary resources, such as transport and extension staff, in various ministries.

Disputes continued between government and rural councils, as to who was the responsible authority for the running of the FWP programme.

Some farmers were reluctant to make the capital investment needed to improve the environmental health conditions in the villages. This was exacerbated by the misunderstanding of the role of the FHW; many farmers seeing her as a 'nurse' rather than as a preventative health care worker. As a consequence, the environmental health component of the programme remained underdeveloped.

Farm workers lacked the motivation to get involved in improving their villages, which they felt was the responsibility of the farmers or the government, and had negligible political power to influence the overall situation.

What lessons did SCF learn?

- That it had over-estimated central government's willingness to deliver social services on commercial farms; once the FHWP had been declared a success, government felt itself absolved of further responsibility.
- The programme phases were too short to allow for long-term planning. In practice, local teams just responded to 'willing farmers and accepting communities'.
- That it should have involved the farmers and the Commercial Farmers' Union in the planning of the FHWP.

A. THE MAJOR CONCERNS

A1. Earlier difficulties persist

Over the period 1981-1989, SCF had invested more than Z$1,500,000 in the Mashonaland Central FHW programme and had also helped the MOH and rural councils in other provinces to establish similar programmes. The programme had effected a considerable improvement in the health status of farm workers, but the difficulties identified in the early stages of the programme persisted, threatening its long-term sustainability. These included:

- A relatively high drop-out rate among FHWs in all programme areas, caused by lack of remuneration, insufficient clarity about the scope of the job, and inadequate support and monitoring from farmers and the FHWP teams. This in turn led to a decline in the number of operational preschools.
- Ignorance, traditional beliefs and a lack of solidarity among the farm worker community itself meant that the workers were reluctant to contribute towards improvements that could benefit others or to get involved in what was considered to be the responsibility of the farmer.
- The FHWP had been unable to persuade the farmers to make any significant capital investment in the construction of toilets and the provision of potable drinking water.

A2. The question of sustainability

As early as 1981 Richard Laing had pointed out that sustainable change depended upon 'the attitude of the government, the power of the Commercial Farmers' Union and the development of the agricultural workers' organizations.' It was also realized that the lack of community leadership and organization represented a major threat to the programme's sustainability. In 1989, therefore, SCF asked some searching questions about the programme:

- How sustainable was the improvement in the workers' health, given that the government still had no plans to deliver services in commercial farming areas?
- What had the farmers and the Commercial Farmers' Union done to ensure a healthy, articulate and capable work force?
- To what extent were the agricultural workers' unions involved in bettering the lives and working conditions of the people they claimed to represent?
- What role had the workers themselves played in ensuring sustainable change?

B. INVOLVEMENT BY NATIONAL AND LOCAL GOVERNMENT

Through SCF funding, government was enabled to deliver services, health and education to commercial farms. This meant that the programme ultimately depended for its success on NGO funding and the support of local authorities.

The government's lack of political will constantly hampered the development of the programme, and ultimately the lack of authority and resources within the MOH made it impossible for Provincial and district departments to honour agreements on financing the FHWP, as seen in the following examples.

B1. Health care delivery

In Bindura, the handover of the management of the FHWP to the rural council in 1983 proved extremely difficult. At the launch of the pilot project, the contract had been signed between the MOH and SCF, with the authority for implementing the programme vested in the MOH in the person of the PMD. The importance of the rural council to such a programme only became clear once it was under way, but there was no agreement between government and the rural council on what role the latter would play in the FHWP. Moreover, at no time prior to 1983 had there been any shared planning of health care delivery to the commercial farms, which up to this point had been a minimal responsibility for the council, as capital costs had been raised through beer levies and running costs reimbursed by the MOH.

In the two-year period between SCF's withdrawal of active support and the official acceptance by the council of authority for the FHWP, the government remained in control of implementing the programme. In July 1984, however, a change of PMD caused serious problems for the Bindura project. The new PMD did not apparently see the need for the FHWP; any activities on commercial farms were regarded as outside his brief. Soon after taking up his post, therefore, he transferred MOH-employed programme staff to other duties and commandeered the programme vehicle for other health activities.

In July 1985 the Bindura Rural Council finally agreed to take over responsibility for the FHWP team, and thus became the operating authority, even though the PMD remained adamant that *he* was the ultimate authority. Most of the FHWP nursing staff transferred to the Council, but the FHWP water and sanitation builder trainers fared less well. The PMD refused to employ them as trainers and there were no posts for them at council level.

The MOH's inability to renew the contract of the Central Support Team when it expired in 1987 caused the demise of the team, with far-reaching consequences for the new programme areas. The team was replaced by a Provincial Health Team of government-employed personnel, who were responsible for a wide range of health activities.

B2. Chronic transport problems

During this period the programme in Bindura faced increasing difficulties. Monitoring and EPI visits had been dwindling because of the chronic shortage of transport: the programme vehicle was either awaiting repair or being used by MOH, and finally in 1987 it broke down. Without these necessary visits, the FHWs, preschools and other areas of activity gradually declined.

Lack of transport also affected the programme in Concession and Glendale. By 1987 it was no longer able to provide a regular EPI service, as it had to share a vehicle with other MOH officials. By 1989 only two of the five vehicles presented to the FHWP in 1987 were still operational. The frequent breakdowns also disrupted the delivery of services.

The PMD's insistence in 1986 that the programme vehicles should be given to the MOH meant that the vehicles went into a ministry pool, where they were available for use by all health personnel and subject to long delays whenever they had to be serviced or repaired. This reduced their availability to the FHWP team.

Inability to pay for mileage allocations and maintenance for the vehicle also brought about the collapse of the FHWP in Concession and Mvurwi, while in Glendale the council-owned vehicle was used for other duties.

In 1988, when the UNDP/SCF contract with MOH to fund and help implement the FHWP expired, the MOH told SCF that it would implement the programme alone. By 1989, however, there had been no change in government policy on the delivery of social services to commercial farms. In consequence, government had made no additional funding available for continuing the programme, as demonstrated by the chronic lack of transport described above.

Throughout 1989-1990 the local FHWP teams continued to operate in all the programme areas, but under extreme difficulties. EPI visits were irregular in several districts, and monitoring by the extension staff of relevant ministries was almost non-existent. This affected Bindura, Mvurwi and Shamva to a much greater degree, as SCF had withdrawn from active involvement in these areas in 1984 and 1986. Communities became despondent and demotivated, many FHWs lost interest, preschools and literacy classes stopped functioning and farmers became angry, especially at the loss of the EPI visits.

In 1989 SCF had suggested that the FHWP vehicles be given to the councils, which had more efficient repair workshops, and that the government should set up one static clinic or dispensary for every ten farms, each serving about 3,000 people, but neither suggestion seems to have been given serious consideration.

C. STANDARDS FOR HOUSING, ACCESS TO WATER AND SANITATION

C1. The shortage of technicians and transport

The inadequate number of Environmental Health Technicians (EHTs) and the lack of transport demonstrated the government's lack of commitment to environmental health on farms for them. Because they could not move around the farms, these EHTs could not motivate communities, train farm builders or monitor construction work. The result was many supposedly 'trained' builders who lacked both skills and confidence, and many incorrectly built Blair toilets. This caused disillusion, and even anger, among both the community and the farmers.

The training target for Phase Two had been 272 farm builders, but owing to the shortage of trainers, only 38 were trained. SCF attempted to make additional resources available for extra training and employed a water and sanitation technical adviser, but few farmers availed themselves of the opportunity.

C2. The debate on minimum standards

The government's lack of political will was also shown in its continued failure to pass legislation on minimum standards for housing and access to potable water and sanitation for workers on commercial farms. Some senior health personnel in the MOH had shared SCF's concern about the slow pace of improvement in environmental health for some

years. Attempts to air these concerns publicly culminated in a National Workshop on Health Services in the Commercial Farming Areas at Kadoma in May 1986.

The workshop was funded by SCF and attended by 42 participants, including senior health personnel from a number of provinces, representatives from other relevant ministries, as well as representatives from organizations and unions such as CFU and ZNFU, GAPWUZ and ZAWU, Associated Rural Councils, UNICEF and SCF. Among the papers presented was 'A Health Model for the Commercial Farming Areas' by Dr. G. Sikipa, PMD for Mashonaland West. The paper put forward the concept of 'minimum standards' for access to potable water and sanitation, housing and nutrition, as a goal to be striven for over 10 years.

The discussion on this paper centred on the question of whether legislation should be sought to enforce such minimum standards or whether the voluntary participation of the farmers was enough, given that the farmers would prefer voluntary participation. The Farm Health Worker Steering Committee (of which SCF was a member) was asked to convene a meeting of provincial government health inspectors 'to make proposals for future environmental health initiatives on farms'. This was done at a National Workshop on Health Services in the Commercial Farming Areas held in May 1986.

The urgent need for such action was shown by research data presented at a Mashonaland Central Provincial Workshop on water and sanitation in September of the same year (at the Kimberley Reef Hotel, Bindura), which showed that 70 per cent of people in the province were drawing water from unprotected sources and had no toilet facilities. Clearly, the environmental health component of the FHWP was lagging behind.

It was not until April 1987, however, that the proposed meeting about environmental health on farms was convened. Two key issues were raised, the first being the importance of EPI vehicles or mobile clinics, which could make monthly visits to farms to support the FHWs, and the second being the minimum standards needed for housing, water and sanitation. Participants agreed that the standards would apply to permanent workers only. The following minimum standards were agreed:

- Water supply: One standpipe or protected well for every ten families at a distance of not more than 50 metres from the house.
- Sanitation: One Blair toilet per family, except where the availability of water makes flush toilets possible.
- Housing: A three-bedroom house, with a living room of not less than 16 metres square, for married employees, with external wall surfaces either plastered and painted or pointed with cement mortar. The kitchen should not necessarily be separate from the house.

Concerns were raised over how much the housing would cost the farmers. Using a house design published by CFU at a unit cost of Z$3,000, it was estimated that the total cost for the whole country – that is, 250,000 families – would be Z$750 million. The workshop therefore recommended that commercial farmers be made eligible for tax relief on the capital costs of farm compound improvements in water, sanitation, and housing, and that the provision of loans for these purposes be investigated with Agricultural Finance Corporation (AFC).

The farmers themselves had also appealed to the government for tax relief and access to credit through the AFC, and in 1988 Andre Holland MP suggested that the government set up a building fund from which farmers' building expenses could be reimbursed, if completed to recommended standards, but the idea was rejected. The FHWP evaluations made similar recommendations to government at regular intervals between 1981-1989, but such appeals were not responded to.

Interestingly, there were no recorded statements at this workshop about the government's responsibility for providing health care, in line with its policy of creating equality of access to all social services by the year 2000. Neither was there any plan of action to ensure that the workshop's recommendations became a reality. In consequence they remained just recommendations; any action arising from them depended on the good will of the farmer concerned.

It is widely believed that, at the time, the government was afraid of confrontation with the farmers. According to some government officials, NGO senior staff and others, ministers felt that legislation would be confrontational and that as Zimbabwe's economy was so dependent upon its agricultural exports, this should be avoided. However, other interviewees say that, rather than being afraid of confrontation, the government 'just did not want to recognize the CFU and the old rural councils as development partners'.

C3. Preschools and literacy

The provincial heads of the Ministries of Education and National Affairs knew of SCF's concern about the government's lack of capacity to cover commercial farming areas, and understood the importance of the FHWP. As a result, the provincial and district members of these ministries had always supported SCF's involvement in preschools, women's clubs and community development, primarily by ensuring the active involvement of their extension officers. In 1989, therefore, those ministries that had not been consulted over the MOH's decision to terminate the provincial contract with SCF, requested the agency to remain in the province to support aspects of the programme other than health. However, the ministries' lack of financial capacity, as described in the examples below, doomed the various initiatives to failure.

SCF accepted an invitation from MCCDWA to participate in adult literacy initiatives in Bindura, Shamva, Mvurwi and Mazoe in 1987 and 1989. However, both initiatives were short-lived, partly because the tutors were mainly primary school teachers who had neither the skills nor the motivation to teach adult learners, and partly because the project partners could not maintain payment of the monthly incentive offered to the tutors. A similar initiative in 1990 to establish literacy groups was also largely a failure.

In 1990 the Ministry of Education, ALOZ and SCF agreed to set up a pilot project in Matepatepa and Centenary. ALOZ and the Ministry of Education would provide training and teaching materials, while SCF would fund the training costs and fees of the ALOZ trainers and provide transport. In addition, ALOZ agreed that the tutors trained, who would be required to teach for twelve hours a week, would be paid Z$20 per month for a minimum of three years. By September 1990, 1500 learners had benefited. Unfortunately, ALOZ now found itself unable to honour its commitment, and as a result SCF had to fund this component until January 1991. There were also logistical problems, as ALOZ had no vehicles and was totally dependent upon SCF for transport.

In 1990 the Ministry of Education made what was considered at the time to be a positive commitment to the sustainability of preschools by announcing that FHWs/preschool supervisors would be paid a monthly allowance of Z$50 per month if they had passed Grade 7 and a supervisory test at the Ministry, and if the preschool had attained a standard that would enable it to be registered with the Ministry. Although few of the 354 preschools originally established in the province were still operational by 1990, the criteria established by the Ministry for urban, rural or peri-urban preschools were to prove totally unsuitable for those on commercial farms.

D. THE ROLE OF THE FARMERS AND THE UNIONS

D1. How the farmers perceived the programme

When interviewed recently, most farmers claimed to have been very appreciative of the FHWP. Several spoke of better communication with their workers and an improved spirit among the labour force. Farmers' wives were also positive about the change in their role from 'backdoor medics' to supporters of social activities including Home and Garden competitions, women's club activities and preschools.

Lack of communication between farmers, farm workers, FHWs and FHWP team members was, however, the root cause of many of the problems encountered by the programme. By 1987, as we have seen, it had become clear that the relatively high drop-out rate among FHWs was largely due to the absence of a contract or agreement between employer and employee on remuneration and job description. Farmers expressed the following opinions :

- The initiators of the programme were responsible for the lack of clarity over salaries, as prior to 1987 no clear decision had been made about the source or amount of money to be paid to FHWs.
- If farm workers paid the FHWs they would have appreciated them more.
- The FHW's job was part-time and voluntary, and therefore could be rewarded with a small allowance.
- Two women could share an FHW post while at the same time working in the lands, which was a paid job.

These views clearly show the lack of understanding among farmers and farm workers of the scope and responsibilities of the FHW. As we have seen, many farmers regarded the FHW as a curative health worker rather than a preventative health care worker.

Farm workers, when asked about their reluctance to take an active part in developing their villages, gave as one reason the lack of support by the farmers. For their part, the farmers had this to say:

'Many farmers felt threatened by the attempted community action.'

'Some farmers found it extremely hard to conceive of an illiterate person as a FHW or as a literacy tutor, and therefore didn't treat them with respect.'

'Some did not want government interference on their farms.'

'Most farmers did not understand the objectives of the programme, and some did not want the EPI team to disturb their work schedule.'

'Most farmers felt that the payment of FHWs was the government or the community's responsibility.'

However, the most frequent complaint by farmers was that, although there had been initial meetings between farmers and SCF personnel or FHWP team members, neither the farmers nor the Commercial Farmers' Union had been involved in the planning of the programme (cf.45). It is worth noting that, although in 1985 the main partners (UNDP, SCF and MOH) in the FHWP had had very clear ideas about the role of the farmers in the scheme, they had involved no more than the original farmers who had participated in the Bindura pilot, in developing these ideas.

In spite of reservations among some of their number, many farmers and their wives were actively involved in the FHWP, particularly in the preschools and women's clubs. This, however, varied from area to area and from period to period. Thus in Centenary in 1985 the majority of farmers supported the programme, paying their FHWs a remuneration of Z$40-Z$110 and establishing preschools on each farm. The FHWP team leader had a very good relationship with the farmers in the area, and whenever there were transport difficulties, the farmers collected the team.

Matepatepa, on the other hand, proved initially to be a difficult area for the programme. The farmers were not easy to approach: many in fact refused to see the SCF field officer, so she concentrated on the communities where she could get permission to work. Later, however, some of these difficult farmers became some of the strongest supporters of the programme.

Most important, however, is the fact that the FHWP teams were increasingly able to deliver basic health care and establish FHWs, preschools, women's clubs and literacy groups in the farm communities, which suggests that farmers were more aware of their workers' needs and more willing to participate in the programme. Every brick house, water point and toilet constructed also represents a capital investment by the farmer.

In addition, the communities had become increasingly aware of their own capacity to address issues: for example, pot racks, nutrition gardens and preschools.

D2. The Commercial Farmers Union

During the evaluation of the Mashonaland West FHW scheme in 1985, the farmers expressed a desire for greater participation in planning, suggesting that the Commercial Farmers' Union (CFU) be involved. Even those farmers who welcomed the programme said they had not liked being told what to do by outsiders, and they felt that the recommendations should have come through the CFU. They also asked for information sharing through their farmers' associations and more co-operation with the various programme actors.

In view of the capital investment expected from farmers, this failure to involve the CFU in the planning and implementation of the programme appears to have been a serious omission by the government. Although the Deputy Minister of Agriculture, Dr S.T. Mombeshora, had in 1985 expressed his confidence that 'the farmer, farm worker and the council would take over the entire running, including financing of the programme, in two years' time' (FHW graduation ceremony, Bindura, April 1985), farmers in Mashonaland West declared that 'in the absence of legislation or tax incentives it would be unlikely that they would invest in such items rather than in increasing productivity'.

The active involvement of CFU in the programme, on the other hand, could have led to policies on workers' living conditions or to a revolving fund that would help farmers with capital investments such as toilets, boreholes and housing. This would have brought improvements to the lives of thousands of workers and their families much earlier in the programme.

In an evaluation of the FHWP, the president of the CFU suggested that the reason why his organization had not supported the programme sufficiently was that the CFU, the Tobacco Producers' Board and the Coffee Growers' Association had not been involved in the original planning, nor were they represented on any decision-making body at national or provincial level. This was reiterated by the Executive Officer of the Agricultural Labour Board.

The CFU itself, according to a past president, saw the programme 'as an absolute necessity and promoted it, but left it to the willingness and capability of each farmer to implement.' However, farmers recently interviewed in Mashonaland Central said, 'If the CFU had come out years ago and told us to pay higher wages, we would have done so, whether we'd liked it or not'; another maintained that 'the CFU could have established recommended standards for housing, toilets and water, and sent us the appropriate plans. Most of us are willing to do these things, we're just too busy farming.'

However, it is a moot point whether the CFU really would have supported such initiatives. Richard Laing referred to 'the power of the Commercial Farmers' Union, and this power was made very evident in 1985-86 when the agro-industries as a whole resisted the government's attempts to raise the minimum wages for agro-industrial workers from Z$65 to Z$143 per month – even though this sum would still not have exceeded the Poverty Datum Line at the time – and even managed to keep them at a maximum of Z$110 until June 1986. This obstructiveness should be viewed in the context of the findings of the original baseline survey in 1981, repeated in subsequent evaluations of the FHWP, about increasing the income of farm workers to improve their health.

Executive officers of the CFU deny that it has such power and claim that they cannot tell the farmers what to do, yet the union has been able to make policy on almost every other aspect of agriculture with remarkable success. Many also feel that the CFU could have criticized the government for its lack of policy and planning and could have used its economic power to ensure access to social services for its two million workers.

D3. The farm workers union

The General Agricultural and Plantation Workers' Union of Zimbabwe (GAPWUZ) was formed in 1980 and registered in 1985. Workers' committees were a post-independence phenomenon and many were established during the 1980s. However, as there has never

been any compulsion for workers to become members of GAPWUZ, it has not had a definite resource base. In 1986 membership was only 10 per cent of the work-force, and its few staff at district level appeared to spend more time chasing overdue subscriptions than mediating in labour disputes.

When interviewed, both farmers and farm workers were dismissive of GAPWUZ. The farmers mainly see it as 'stirring up the labour', while the workers feel that 'they have never done anything for us except take our money'.

Before 1990 GAPWUZ encouraged the workers to support the FHWP whenever it had the opportunity. The union also participated in a number of workshops in 1987 and 1988 (cf.63), and funded one in 1988. Owing to a lack of staff and transport, however, GAPWUZ found it difficult to cover its constituency. Gaining access to commercial farms was also a problem, as union officials were not always welcome.

GAPWUZ clearly lacked negotiating power at this time. Its small membership left it in a weak position to articulate the needs of the workers or to pressurize the government over issues such as the minimum wage or minimum standards for housing, water and sanitation.

E. THE DISENFRANCHISEMENT OF FARM WORKERS

E1. Lack of leadership capacity

Farm workers could not vote in local government elections, and therefore could not participate in decisions about council resource allocation. They were therefore unable to articulate the needs of farm workers or exert pressure on the council to construct the health and educational facilities needed. (cf. Ch 3 C2, C3)

This lack of representation was pointed out many times during the life of the FHWP, and in 1985 the programme evaluation called on the government to amend the Rural Councils Act to allow farm workers to participate in 'democratic development planning'. Farm workers were also effectively excluded from the national franchise: although in February 1985 farm workers – including those from Malawi, Mozambique and Zambia who had been resident for several decades in Zimbabwe – were registered to vote in the national elections, few availed themselves of this opportunity as they did not know how to vote or who their MP was.

The farm worker communities also suffered from an underdeveloped trade union system and primitive industrial relations. The peculiar circumstances of the commercial farm workers also made it impossible for them to participate meaningfully in developing their villages, as they lacked effective organizational structures – for example, a farm VIDCO or WADCO – through which to carry out development.

The same applied to the workers' committees: they too lacked capacity, and their members were ignorant of their rights and roles. Committee members interviewed at the time acknowledged that their committees were 'poorly organized, uninformed and untrained in negotiating skills, and often under pressure from employers preferring to control rather than negotiate'.

The farm workers were also aware of their lack of political influence, pointing out that 'few politicians or government officials visit the farms or make direct contact with the workers'. SCF accordingly recommended the training of community leaders (Workers' Committees) in leadership skills, but all attempts failed owing to lack of interest among the farmers.

This lack of capacity among farm workers to articulate and negotiate for their own needs was highlighted by SCF and relevant ministries at the 1986 Kadoma workshop, resulting in a recommendation that 'the Ministry of Local Government be asked to look into the formation of a popularly-elected village committee on each farm or group of farms with representatives co-opted into Rural District Council'. It was further recommended that the training for these committees be provided by the Ministry of Labour and Social Welfare, GAPWUZ and the Agricultural Labour Bureau (ALB).

The only response to this recommendation was a joint SCF/MCCDWA commitment to 'community leadership training' which also involved GAPWUZ and a number of ministries. It was the first step, nevertheless, towards creating organizational capacity within the villages. The training also provided new insights into empowerment, and the community development work already begun on the farms was intensified, with ministry employees working actively in communities to develop workers' committees.

This new focus brought with it the realization that the FHWP trainers and team members would have to acquire more community development skills, including communication skills. UNDP was accordingly approached in October 1986 to provide personnel to train trainers in participatory methodologies. In spite of SCF's determined efforts to use a more participatory approach, however, progress remained slow. This was partly due to the fact that, although the SCF trainers and others were enthusiastic about the new approach, the FHWP had no standardized method of training. Lacking support in using participatory methods, most trainers went back to their old style of teaching.

E2. Literacy as community empowerment

The absence of improvement in the literacy level also contributed to the community's lack of capacity. Before 1987 adult literacy had not been part of the FHWP, but the results of the 1987 baseline survey, coupled with the government's lack of resources to tackle this problem, led to the joint initiative by MCCDWA, ALOZ and SCF mentioned above to fund and monitor an adult literacy programme in Shamva, Bindura and Mvurwi.

Initially the intervention increased the number of literacy groups in the three areas, but the improvement was short-lived, once again because of a lack of financial resources within ministries and shortage of time among the workers. MCCDWA acknowledged that the 'high adult literacy tutor drop-out rate was due in the main to the lack of tutor monitoring, arising from a lack of transport in the ministry to facilitate follow-ups'.

The SCF funding for the new intervention, although it covered payments to tutors, could do nothing about the transport problem. As a result, the number of tutors had decreased drastically by 1989, exacerbated by the cessation of tutor training between 1988 and 1989 in Bindura, Mvurwi, Centenary and Shamva.

E3. Tenure and residential status

The reluctance of farm workers to get involved in constructing a facility which they felt would never belong to them arose from their feeling of being temporary squatters on the land. SCF therefore made a serious study of tenure and residential status at this time, with its implications for community participation in the development of farm villages.

A number of policy documents had been drafted between 1981 and 1985 on the feasibility of planned villages for farm workers within large-scale commercial farming areas, possibly on the borders of a number of farms. These were termed 'common border villages' or more recently 'farm service centres'. Setting up such villages would involve the government acquiring land that would then be made available for home ownership by farm workers, and which would make possible the provision of shops, clinics and schools.

In 1987 SCF commissioned a study of 'priority areas for planning development under the circumstances of a reformed structure of local government', which included the residential and social amenities of farm workers, in Makonde district in Mashonaland West. The study examined the merits of common border villages, but recommended instead the establishment of 'common border development areas' or zones between a number of farms. In essence these would be farm service centres or farm growth points within which social services facilities and commercial outlets could be constructed, providing access to farm workers who would nevertheless continue to live in their respective farm villages. This study was made available to the MOH, Mashonaland West, other relevant government departments, and interested NGOs.

F. LESSONS LEARNT BY SCF

F1. Relationships with key actors

The issues identified above were clearly obstacles to the achievement of the programme's objectives, but what was SCF's relationship to each of these key actors?

At each phase of the programme the government and rural councils had made commitments to be responsible for specific components, both during the period of implementation and thereafter, when the schemes had been handed over to the local authorities in each area. However, it seems that at the time of signing the agreements, SCF was unaware of the government's lack of capacity to deliver social services to the commercial farming areas. Or perhaps the 'spirit of overcoming together' motivated SCF to continue to supplement the government's efforts, in spite of a growing awareness that there had been no change in government policy.

SCF senior staff and many other interviewees claim there had always been a belief that the government would ultimately change its policy; that once shown how the task could be done with maximum community involvement, it would assume responsibility for social services delivery to the commercial farms.

By contrast, the view of some government officials was that, once the FHWP had been acclaimed a success, the government felt absolved of any further responsibility. When

asked what it was doing in the commercial farming areas the government could always point to the various activities of the FHWP, whether funded by government or donor.

F2. Time span of the programme

Each stage of the FHWP, from pilot project to Phase Two of the UNDP/SCF supported programme, involved a two-year commitment. This is a very short period of time in which to implement a development process and achieve objectives. The brevity of each phase also seems to have led programme staff to pay less attention to the planning of long-term strategies to achieve those objectives, with local teams just responding to 'willing farmers and accepting communities'.

SCF's involvement with the water and sanitation component is an example. The 1981 baseline survey and subsequent evaluations revealed the dire need for increased access to water and sanitation. Yet despite the fact that this remained the most difficult part of the programme, SCF removed the four builder trainers from the programme areas and sent them at different times to the new pilot project in Chiota communal area. After a brief period back in the FHWP areas, they were then sent to the refugee camps at Mazoe and Nyamatikiti. The builder trainers did not rejoin the programme until 1993.

The most likely rationale for choosing two-year phases was the expectation that the government would quickly assume its responsibilities. This short-term view precluded long-term planning, and as a result urgently needed water and sanitation staff were moved. Or did SCF feel that because water supply and sanitation involved capital investment, they were therefore areas over which the workers could have little control and in which SCF could have little hope of bringing about change? In 1987 a water and sanitation technical officer was employed on the programme, but after a short time he was promoted to overall technical adviser and his previous post was left unfilled. However, colleagues maintain that the refugee crisis caused a shift of focus in SCF's work, and therefore a shift of funding.

F3. Community development

Community development was also affected by this lack of long-term planning and commitment. SCF identified the need for trainers to be trained in community development skills, and subsequently arranged for this to be done. However, the participatory approach acquired by the trainers required constant support and materials, which appear not to have been a priority either for SCF or the government. Nor, according to one field officer, was there any planning behind the use of this methodology: there was no follow-up and no refreshers, and as a result the trainers returned to their original methods, to the detriment of the community.

F4. Advocacy

Throughout the programme SCF made repeated attempts to lobby the government to:

- Initiate legislation on minimum standards for housing, water supply and sanitation.
- Amend the Rural Councils Act, which denied farm workers access to decision-making in local government.

- Set up financial support mechanisms to enable farmers to help the government to make capital investments in schools, clinics, etc.

To highlight these issues, SCF organized funding workshops, participated in debates, and published programme evaluations. The agency stopped short, however, of approaching the government directly, apparently feeling that, as an international donor agency, it could not be seen to be lobbying on an internal matter.

F5. SCF and the farmers

Why did SCF not insist on a much greater involvement of the farmers? In the early years of the programme, SCF was primarily a donor and as such did not play a major role in the programme operations, and initially had probably assumed that the farmers had been approached by the PMD. In addition, the rural councils, SCF's partners in the programme, were composed of farmers, and this was perhaps perceived to be sufficient.

The non-involvement of the CFU and the various farmers' associations becomes less understandable, however, in Phases One and Two, particularly as the farmers themselves raised the question of greater participation in planning and decision-making (cf.67). There seem to have been two schools of thought at the time among donors and development agencies. Some felt strongly that the programme 'should not be owned by the CFU, as it was a programme for and by the worker communities,' and that ultimately the communities must take up the issues themselves with both CFU and the government. Others, however, felt that the farmers `would provide the necessary amenities when minimum standards for housing, water and sanitation were legislated for.'

What is clear, however, is that no attempt was made to bring together organized labour, CFU and the government to work out appropriate policies. Given its track record of support for the work of government in the areas of social services, SCF would not have had difficulty in facilitating such co-operation.

G. THE FHWP TEAM S ASSESSMENT

Members of the original Central Support Team and of the Bindura FHW team cited two causes for the problems described above:

- Two years was too short a time for SCF to be involved in any one programme area, given the council or the MOH's lack of capacity (or willingness) to take over funding and implementation. A longer period would have built team capacity, created familiarity with the programme, and helped councils to procure adequate resources for its continuation.
- The absence of a clear agreement, before the programme began, on which authority was responsible for it was later to cause the FHWP to lose resources such as staff and vehicles to other health activities. This severely affected the team's motivation and its ability to monitor the FHWs and other programme activities in Bindura, Mazoe (Concession) and Mvurwi.

Notes

1. *Auret 1992*
2. *Cross 1987*
3. *Loewenson et al 1985*
4. *Loewenson & Chinhori 1986*
5. *MCCDWA 1986*
6. *Min. of Housing 1985*
7. *MOH May 1986*
8. *Mukasa 1985*
9. *Riddell 1981*
10. *SCF: Graduation Ceremony Bindura, 1985*
11. *Warndorff 1987*

Chapter Eight:

Seeking the way forward

A. A PERIOD OF UNCERTAINTY

SCF now seemed uncertain about which direction to take. In 1987 the field director had discussed following up Sholto Cross's feasibility study in Mashonaland West by setting up a modified version of the FHWP in that province. Another suggestion was for SCF to establish a national FHWP, with a formal agreement that rural councils rather than the MOH should run the schemes, and that programme vehicles be given to the councils rather than the MOH.

SCF staff remember that during this period 'there was a general feeling that the programme was going to be phased out' and that 'SCF was involved only part-time in the programme, while it consolidated other areas'. These feelings of uncertainty arose from the fact that the MOH had not only taken over the health component of the programme, but had clearly indicated to SCF that they would operate alone. Previously, the MOH had always been SCF's entry point into development work in Zimbabwe.

Moreover, the other components of the programme would still require support and development, but there had been no commitment from other government ministries. It was also realised that, without the support of SCF or another NGO, neither the government nor the various councils had the capacity to continue the development SCF had helped to initiate.

A1. Two remarkable women

After 1985, Bindura fell so far behind other rural council areas in development terms that in 1990 Stella Maravanyika was transferred to the FWP. Together with Josephine Mutandiro, she devoted much time to building up the women's clubs and initiating income-generating projects supported by SCF.

Josephine Mutandiro in action

Vanessa Francis of Chiveri farm remembers Josey (as Josephine was usually called) revitalizing the women's club that had been one of the first parts of the FHW programme to be established in 1983:

Josey was able to motivate the women because she emphasized the positive things they'd done. She made people feel that a women's club committee was not a thing to be afraid of, but rather a light to encourage women to participate.

Simon Metcalfe also paid tribute to the two women:

Stella and Josephine had confidence, flair, enthusiasm, courage and integrity, and the UNDP training investment, added to all the work these ladies did with Joan Mathewman and Sister Edna at VOICE, is an unsung song of imaginative, stimulating and humane SCF extension work on the farms (Simon Metcalfe, interview 1998).

The work of the two women is also a tribute to SCF, which helped to develop the talents each possessed. In its turn, SCF has been greatly enriched by the selfless dedication, vigour and humour that these and other field staff brought to the programme.

A2. A new actor arrives

For SCF, 1989–90 was primarily a time to reassess objectives: to examine the enormous need for social services on the commercial farms and to analyse SCF's partnerships with the other main actors in the programme. A serious concern was the lack of government capacity to implement and monitor programmes, as shown by the fate of the adult literacy intervention and the 1990 health education for scabies campaign.

In 1990 the Swedish International Development Agency (SIDA) agreed to fund a National Farm Health Worker Programme, thus ensuring the continuation of the primary health care component. However, SIDA did not adopt the model developed in Mashonaland Central as the basis for the national programme, in spite of its successful expansion from pilot project to provincial programme. Major omissions in the plans for the national programme included follow-up of trained FHWs, recognition of the role of the rural council and the involvement of farmers.

B. THE SUSTAINABILITY OF THE PROGRAMME

Though it had limited financial resources and political power, the FHWP had nevertheless brought about remarkable improvements in access to social services. But how sustainable were these improvements?

B1. SCF s long-term commitment

After independence, there had been a tremendous feeling of freedom, of belonging – a feeling that, together, the people of Zimbabwe could overcome whatever difficulties lay ahead. It was in this spirit that SCF willingly helped the government in its efforts to bring primary health care to rural people.

Looking back, it is clear that SCF's financial and material support was critical in enabling the MOH to deliver primary health care to the farm worker communities in Mashonaland Central during the pilot project. SCF personnel remember their sense of achievement at

how much help they had been able to give, and it was this that motivated SCF to continue its involvement with the FHWP.

As early as 1983, SCF was already seen as the driving force behind the success of the pilot scheme, and this led a number of districts in other provinces to express an interest in launching an FHW scheme, ideally with financial help from SCF.

Later, in partnership with UNDP, SCF was able to increase the number of beneficiaries dramatically. By funding vehicles and running costs, it gave MOH staff access to increasing numbers of farm worker communities. Similarly, by providing finance and administrative and physical support, SCF was able to facilitate the training of FHWs from the farm worker communities.

Chapter Nine:

Into the home stretch, 1991-1994

SUMMARY

By 1991, the Farm Health Worker Programme, although managed by Ministry of Health was being funded by SIDA. SCF, however, had accepted that it still needed to support farm workers, in areas other than health, as government lacked capacity to assist them. They therefore agreed to remain in Mashonaland Central to deliver the non-health components: women's clubs, preschools, water and sanitation, adult literacy and leadership training.

SCF, now the implementing authority for the Farm Health Worker Programme, focussed on building capacity in the newly-reorganized rural district councils and in enlisting the support of farmers and their wives for the programme.

Funding was obtained for the rural councils to employ needed extension staff (Community Development Officers and District Literacy Officers) and in 1994 local, integrated FWP teams were set up. With the assistance of these teams, various components of the programme, such as women's clubs, preschools, literacy and nutrition were revived and strengthened.

The environmental health component was given a needed boost by the addition of five SCF builder trainers to the FHWP teams, who concentrated on training farm builders.

Attempts were made to introduce developmental structures that would equip farm workers to take part in decision-making, which would give sustainability to the programme, but certain ministries turned the idea down. Work was also done to foster links to representative agricultural bodies and unions.

To enable the experience acquired in the Mashonaland Central programme to inform work with farm labourers in other provinces, it was decided to a) consolidate the Mashonaland Central FHWP as a 'model', and b) establish a local, national NGO, which could replicate the programme nationally. This would be done with the full involvement of the farmers over a three- to five-year period: 1995 – 1998/2000.

A. SCF CHANGES ITS APPROACH

By 1991 SCF had realised that there would be no change in government policy towards the farm workers, and therefore that it still needed to give them support: for example, by capacity building and by delivering social services other than health, which had not been adequately addressed in the previous FHW programme. This programme was known as the Farm Worker Programme (FWP).

SCF therefore agreed to continue working in Mashonaland Central, primarily to facilitate, co-ordinate and monitor the delivery of social services apart from health, as a complement to the SIDA-supported Farm Health Worker Programme in the same province.

However, implementing a programme rather than acting as a supportive partner would require a considerable change in SCF's approach, with serious implications for planning and staffing. The first tasks, therefore, were to obtain funding for the programme and appoint a programme manager. Mrs Lynette Mudekunye, described as 'energetic and determined in her quiet way' was appointed in February 1991, and SCF (UK) finally granted funding in 1992.

In the meantime, most of 1991 was spent in assessing the situation in the province, aided by the findings of the 1989 evaluation, and in making plans for the launch of the new programme. SCF facilitated a provincial planning workshop that year, and the first Provincial Co-ordinating Committee was set up with representatives from relevant ministries and GAPWUZ; it had become clear that the involvement of the unions was crucial to the long-term success of the programme. The proposal was that plans would be compiled by district committees and forwarded for inclusion in a provincial plan.

Unfortunately these committees did not function as had been hoped until 1993, when the MOH, which chaired the committees, made determined efforts to make them operational.

A1. Programme objectives

The long-term goal of the FWP was 'to enable farm worker communities in Mashonaland Central to improve the quality of their own lives through a comprehensive integrated programme which fosters community organizations and provides educational opportunities in various forms.' The intention was that the experience gained from this programme would be used to encourage similar work in other parts of the country.

These objectives were not greatly different from those of the FHWP, but although they still included a health component, the focus had shifted to other aspects of capacity building, such as the development of women's skills, adult literacy and training in community leadership. By late 1991, however, SCF was also involved in several other health-related areas that the evaluation had identified as having been underdeveloped in the 1980s: family planning, occupational health and safety and AIDS. And by 1993 SCF had also incorporated into the new programme the other components of the old FHWP, such as preschools, nutrition and water and sanitation.

A2. Programme area

One of the 1991 workshop proposals had been to extend the FWP to include the large-scale commercial farming areas of Mashonaland Central that had not been covered by the earlier FHWP, such as the Horseshoe area of Mvurwi Rural Council, Mt Darwin and the Victory Block portion of Guruve (previously under the Ayrshire Rural Council) incorporated into Mashonaland Central after the RDC amalgamation. In the same year, SCF also decided to include in the programme those resettlement areas of Guruve, Centenary and Mt Darwin that were adjacent to the commercial farms, especially where water and sanitation improvements were concerned. By 1994, therefore, the FWP had become a provincial programme, covering about 388 farms in the rural council districts of Mazoe, Bindura, Chaminuka, Muzarabani, Guruve and Pfura.

B. ORGANIZATIONAL ISSUES

During 1991-1993, while the foundations of the new programme were being laid, there was a growing awareness not only of the magnitude of the needs to be addressed but also of the limitations of SCF's resources. In 1992 the agency began to tackle the management of the programme, and to develop strategies to achieve its objectives. In this year SCF entered into an agreement "to work with MOH, MCCD and MEC on an integrated provincial programme".

SCF's role during this phase differed considerably from what it had been before. Not only did it have a greatly expanded area of operations, but also it was now the implementing authority for the FWP. This required a more active involvement in the programme, albeit in conjunction with various Rural Councils (RCs), ministry and NGO personnel. Given SCF's finite resources, the short-term success of the programme was therefore largely dependent on SCF's ability to involve other players and co-ordinate their human and material resources. A great deal of time was therefore spent in discussions with relevant ministries and councils, and in trying to persuade provincial ministerial officers to allow their extension staff to work on commercial farms. This was particularly important, as it had been decided to consolidate the seven previous separate farm health schemes into a single integrated provincial programme.

B1. Staffing

For operational purposes the RC districts were divided into two areas: Centenary, Bindura and Shamva, which were placed under Josephine Mutandiro, and Concession, Glendale and Mvurwi, which were covered by Stella Maravanyika. The SCF team was equipped with two vehicles, an open truck and a station wagon, and a driver, Maxwell Hakata.

Later, as the programme area expanded to take in the areas of Horseshoe and Mt Darwin, and still later the Victory Block portion of Guruve, more staff were recruited. Mrs Irene Mutumbwa was employed as a field officer to replace Mrs Stella Maravanyika, who had had to retire for health reasons, and Mr Andrew Muringaniza came in as Field Officer for Water and Sanitation for the whole province, bringing with him a four-wheel drive vehicle.

By the end of 1993, the three field officers had become responsible for specific programme areas rather than for specific components of the programme, with Josephine being Field Officer for Concession, Glendale and Mvurwi, Irene for Bindura, Matepatepa and Shamva, and Andrew for Guruve, Centenary and Mt Darwin. A further vehicle and driver, the late Simon Kativhu, were also added to the programme.

B2. Local structures

A key recommendation of the 1991 workshop was that SCF should encourage management of the programme by local structures (RDCs), with maximum support from farmers and workers. Building capacity, in terms of vehicles and staff, at council level rather than at ministry level was therefore a priority for SCF, as was working closely with the council on programme planning.

At the time, however, not much support was forthcoming, either from rural councils or the MOH. Where the RCs were concerned, this was probably because of the amalgamation of the rural and district councils which, though legislated for in 1989, proceeded very slowly and was not completed until 1993. Another reason may have been that the overall authority for the FHWP at district level shifted from the rural council to the MOH, creating a duplication of authority and responsibility, and consequently much confusion in the implementing of the programme. This was a difficult period when, as the FWP manager remembers, 'the greatest problem was trying to get people motivated and things moving'.

B3. Involvement of extension staff

A high priority was to tackle the problems that had brought about the demise of previously active parts of the programme: namely, the lack of transport and extension staff. Accordingly, SCF began discussions with the MOH, other ministries and the various RCs about the need for vehicles, and in particular for those programme vehicles still operational within MOH to be reallocated to the councils. After protracted negotiations, the three remaining programme vehicles were handed over in July 1993.

In each RC district the programme was to be implemented jointly using the FHW trainers, who in 1990 were the sisters in charge of the EPI unit. These units remained the core of the FWP teams, to which were added at a later stage RC extension officers and the officers of those ministries prepared to operate in commercial farming areas. In the early 1990s, however, many RC districts had no ministry extension staff: for example, none of the programme areas had Ministry of Community Development extension staff, while ministry district literacy officers operated in only two commercial farming areas.

In the Mvurwi, Shamva and Centenary districts, however, the Ministry of National Affairs District Officers agreed to allow the communal area extension staff to include the commercial farms in their work. This proved difficult in practice, as the areas were large, the officers had no transport and they expected per diems equivalent to those paid by the government. In Guruve, the National Affairs District Officer similarly agreed to allow the communal area staff to train in the commercial farming areas, but SCF Field Officer Andrew Muringaniza had to transport them from the communal areas to the relevant farm to carry out 'cluster training' and return them afterwards.

B4. New team members

To compensate for the absence of government extension workers on commercial farms, SCF in 1992 applied for funding to cover the employment of three District Literacy Officers (DLOs) and six Community Development Co-ordinators (CDCs), which would be channelled through the RCs for a three-year contract period. These community-based workers were to be employed by the Mazoe, Bindura, Chaminuka (Shamva), Muzarabani (Centenary) and Mvurwi Rural Councils, and would operate as members of the FWP teams.

By July 1992 the six co-ordinators had been appointed and SCF sought funding for motorbikes to make them fully mobile. This was an innovation that will long be remembered by the CDCs: Mrs Choto, Mrs Foroma, Mrs Gambiza, Mrs Manjenwa, Mrs Mapira and the late Mrs Bwiti. They were courageous women, given their inexperience, the disapproval of their husbands, and their conviction that they would never be able to ride a motorbike. To provide the training, however, SCF had enlisted the services of the Riders for Health project in Lesotho, which subsequently established a team in Zimbabwe. The extension officers were paid mileage rates for the work done in the commercial farming areas, and the motorbikes were to be purchased by the riders themselves over a period of five years.

B5. Infrastructure development

Development of the infrastructure was also essential if the programme was to expand, and therefore the RCs used SCF funding to extend the training centres at Shamva and Mvurwi. Since there were no clinics in any of the programme areas, funding was obtained from the British High Commission to set up a FWP training project at the Horseshoe school by constructing three houses for extension staff operating in the FWP team.

Local farmers were initially reluctant to help, but after Sister Rwodzi, Provincial Nursing Officer, addressed a Farmers' Association meeting they agreed to provide water, bricks and sand. Sister Rwodzi remembers being given just 'one minute to talk, which became fifteen minutes when the farmers became interested and started asking questions.' Builders under contract to SCF, with the help of volunteers from Raleigh International, constructed the houses.

Similarly, two houses were built at Rusununguko Clinic in Matepatepa for EPI nursing staff, also with funding from the British High Commission and assistance from local farmers. The idea was that the EPI/FWP team could operate in Matepatepa from this clinic.

C. THE PROGRAMME COMPONENTS

The components of the programme addressed in this phase had all originated during the previous, UNDP/SCF-funded phase: women's clubs, preschools, water and sanitation, adult literacy and community leadership training. SCF's tasks were, firstly, to resuscitate the components set up previously, secondly, to establish the various components in the new geographical areas included in 1991-93, and thirdly to expand the coverage of the programme in the existing programme areas. Progress made in the various components between 1991 and 1994 is shown in the Tables in Appendix 2.

C1. Women s clubs

Other than those in Centenary and Matepatepa, few women's clubs were still functioning in 1991, mainly because of the lack of ministry extension officers to offer training and support. Of the clubs in Matepatepa, Josephine Mutandiro remembers Cowley farm as being 'a little beacon of hope which had sustained others in the area.'

There seemed little likelihood of the government increasing its support, so SCF had to find other ways of providing capacity building and skills training for women. The employment of the six community development co-ordinators at council level was the first step in this process (Ch 9 cf.B4). The CDCs proposed the creation of a structure that would link each women's club committee to a cluster, then to the district and finally the province, enabling them to participate in district and provincial shows. This suggestion was adopted in January 1993 by the provincial meeting, which also called for every effort to be made to encourage the farmer's wife to support and participate in club activities.

In 1993, once they were mobile on their motorbikes, the CDCs began to revive defunct women's clubs and establish new ones. Clusters of farms were identified with the help of the FHWs – usually based on neighbourhood activities such as football and beer drinking – and women's club cluster committees were elected and trained by the CDCs, in conjunction with Ministry of National Affairs trainers. This was followed in 1994 by the development of a network of area trainers, voluntary assistants to the CDCs who helped them with skills training and monitoring within a cluster. Such a network would simplify follow-up and training, and create more co-ordinated support for clubs.

Between 1992 and 1994 a total of 112 cluster workshops, benefiting 2,662 women, were held in the programme area as a whole. Skills training for area trainers and CDCs was also provided during this period.

The regular support from the CDCs and area trainers enabled the clubs to venture into other areas, such as savings clubs and income-generating projects. Within a year 110 women's clubs, in five of the seven programme areas, had operational savings clubs. In response to the women's requests for income-generating projects, SCF asked the Zimbabwe Oil Press Project to demonstrate a relatively simple and cheap oil press for sunflower seeds to the CDCs, so that they could encourage the setting up of similar projects. SCF was not, however, in a position to fund such projects. The women nevertheless developed income-generating projects such as bread making, sewing and soap making with encouragement and training from SCF.

During 1993 and 1994 the CDCs helped to organize farm shows in various programme areas. These were greatly appreciated by the women, and served to inform farmers' wives and other local women of the benefits of the clubs and the FWP. The local councils and a high proportion of the farmers' wives supported the shows.

Although at this time SCF lacked the human and financial resources to follow up the clubs adequately and develop fully the area trainer network, the programme had succeeded in developing capacity among the women and creating a structure that would give sustainability to the clubs.

C2. Adult literacy

The current provincial head of non-formal education, Mr Mutandadzi, recalls that in 1990–92 there were few literacy groups on farms, as the farmers were not interested. In fact, one farmer had said to him, 'I'm here to grow tobacco, not educate people.' Those groups that were operative consisted mainly of women, motivated by the desire to be involved in successful initiatives such as the bread-making project on Somerset farm and the shoe- and sandal-making project on Birkdale farm in Victory Block, Guruve.

In 1993 SCF decided to address the literacy question seriously, initially by strengthening the projects that had already been established in Centenary and Matepatepa and thereafter by expanding the programme. ALOZ, SCF and the DLOs met several times to reappraise the programme and develop tests for the learners; these meetings created a good working relationship between the three parties. The major emphasis was on training tutors, undertaken by ALOZ together with ministry personnel: in 1993–1994 77 tutors from the six programme areas were trained and refresher courses were held in Concession and Glendale. SCF also obtained permission to reprint the government primers and tutors' guides.

SCF gave the district literacy officers mobility by providing them with motorbikes. Ministry extension staff were, however, unwilling to use the machines to monitor the literacy groups, which generally met at night, and within the year three of the DLOs had had their bikes withdrawn.

In Guruve numerous literacy groups had been set up by 1993, thanks to the efforts of the late Mr Kapenzi, a ministry DLO who had an SCF motorbike and lived in one of the houses recently constructed at the Horseshoe Training Centre. In 1994 the literacy tutor from Nyamufuta farm, Guruve, won the Literacy Award of the Year and was subsequently awarded a place at teacher training college. The activities of the mobile rural council DLCs ensured that literacy groups flourished in Centenary, Concession and Glendale.

In spite of SCF's intervention, however, the programme continued to experience difficulties. ALOZ found itself unable to provide anything more than training on request, while the MED offered only rudimentary support to the DLCs operating in the commercial farms. Moreover, the appraisal tests revealed that most groups were not functioning properly and needed more follow-up.

Once again both tutors and learners began to drop out. The tutors sometimes left because of the poor pay, but often because farmers promoted them as soon as they were literate enough to work as clerks on the farms. The SCF team simply lacked the time and staff to devote to this important but difficult matter.

C3. Preschools and nutrition

In 1990 Stella Maravanyika visited Collingwood Farm in Concession and saw a preschool complex that included a brick shelter, indoor toys and outdoor play equipment, as well as a nutrition garden and toilet. She realised that the builder trainers could be used to construct the toilet and outdoor play equipment, and thus Collingwood became the model for the SCF-promoted preschools.

Because of SCF's special concern for children, preschools were a major focus of the FWP. However, few were operational in 1991 when the expansion programme started. Most were held under trees, attendance was poor and food was seldom provided, and as a result neither parents nor farmers were motivated to support them. In 1992, however, drought increased the rate of malnutrition, which affected more than 15 per cent of children on some farms. As the nutritional status of farm children fell within the remit of the MOH/SIDA-funded FHWP, these children were included in the national screening of under-fives and the MOH child supplementary feeding programme was introduced on such farms. The preschools became the venue for the feeding, and SCF encouraged all farm communities and farmers' wives to become involved. Many farmers provided meal, milk powder and *maheu* during this difficult period.

The supplementary feeding programme focused attention once more on the preschools and their benefits for children. Hence in early 1993 SCF began actively to promote preschools: the water and sanitation builder trainers trained farm builders in the construction of low-cost outdoor play equipment and the Blair toilet, while mothers were taught to make indoor toys by the area trainers. Thirty-nine cluster training sessions were held, and later in the year the first initial training course for preschool supervisors (FHWs) was held at Dolphin Park Farm in Mt Darwin.

Lynette Mudekunye recalls how involved the farmers' wives were in the Dunaverty farm cluster in Matepatepa, which had 'the best cluster preschools at the time', and how this improved their relationship with the workers. 'I used to go down to the compound before and nobody noticed me, but now everybody smiles and waves,' said one farmer's wife after the preschool had been operating for a few months.

In Mt Darwin at this time, SCF Field Officer Andrew Muringaniza was trying to establish preschools in the resettlement areas with the help of Kushanda Preschool, an NGO from Mashonaland East that specializes in preschool training. But the field officers were concerned that 'there was only training, no monitoring'.

The preschools presented SCF with a variety of operational problems:

- The organization of cluster training sessions required a considerable amount of SCF staff time and transport.
- The preschool play equipment and the Blair toilet were constructed by the water and sanitation builder trainers, but the farmers were not compelled to have both items built at the same time and often requested just a 'jungle gym' or just a toilet.
- The local FWP teams were asked to organize cluster training for four to five farms, but found it difficult to approach the farmers to organize the trainees and were also hampered by transport shortages. As a result, the builder trainers would arrive at a venue to find only one or two trainees for a two-week course, or that the host farmer had not acquired the materials needed for the construction part of the training.

Another major obstacle was the lack of Ministry of Education district extension staff for monitoring and training. The move of the provincial ECEC trainers from Harare to Bindura in 1994 seemed a ray of hope, but the situation did not improve. No trainers from the Ministry were available for work on the commercial farms, and therefore the trainers

appointed in various districts were themselves untrained; the result was that untrained women continued to supervise preschools.

The feasibility of integrating preschools into the National FHWP – that is, of combining the roles of FHW and preschool supervisor – was discussed at a SIDA-sponsored national workshop in Masvingo, but the consensus was that being a FHW was a full-time job and someone else should do preschool supervision. However, it was eventually agreed that the tasks could be combined and that an additional two weeks of instruction could be added to the FHW training.

During the same period SCF found a partner to help with the nutrition aspect of preschools. Silveira House, a Training for Development centre based in Harare, obtained funding for a nutrition programme in Mashonaland Central and West and agreed to provide the expertise and material input needed for the nutrition component of the FWP. Nutrition extension officers were appointed and equipped with motorbikes and the programme became operational in 1994.

C4. Health

Although the MOH had overall authority for health services, the local EPI mobile health teams were the front line in the delivery of these services. These teams had benefited enormously from the vehicles provided by SCF and UNDP during the earlier FHWP – and their work had suffered considerably when the vehicles were later transferred to the MOH. These transport difficulties persisted until 1995, making EPI an irregular occurrence in districts such as Concession, Glendale, Guruve, Centenary, Mt Darwin and Mvurwi.

SCF therefore instructed its field officers to help the EPI keep to schedule. Thus in Guruve, Andrew Muringaniza often had to use an open pick-up truck to collect the EPI team from Bhepura Clinic and transport them around the Victory Block farms. Similarly in Centenary, where the EPI vehicle was based at St Albert's but seldom available for EPI work, Josephine Mutandiro set aside one week in every month to facilitate the EPI coverage.

The team in Mvurwi deserve special praise for their determination to carry out their EPI work and follow up the FHWs, even though they had no car at all throughout 1991-92. The team divided up the area according to the roads: each member took responsibility for a different road, travelled to the nearest point by bus, and from there walked to the farm villages. Meeting these challenges made the team of FHWs a very united group, and as a result they decided to buy themselves a distinctive green uniform.

SCF continued to play a motivating and monitoring role with regard to the FHWs, for although the training of these workers was the responsibility of the MOH, funded by SIDA, the FHWs played a dual role as both preventative health care cadre and preschool supervisors. Between 1990 and 1992, 209 FHWs had been trained in Mashonaland Central, but there were no clearly identified FHW trainers at the time, most having been trained by the Bindura FWP mobile team under the Sister in Charge, Mrs Mutare. Nor were any monitoring procedures built into the SIDA-funded programme. Later, each district identified two trainers who were subsequently trained in Harare.

In the opinion of the Provincial Nursing Officer, Mrs Rwodzi, the FHWP 'had not really taken root previous to 1992; it was just a programme that had been dropped at the doorstep of the farmers.' The supplementary feeding programme of 1992, however, served to draw attention once more to the FHWs, who subsequently became 'the focus and contact point for communication between farmers and government'. At this time most EPI units of the FWP teams were still operating under council management; although the MOH was working with councils, limited resources meant it did not play a major role.

Between 1991 and 1993 the programme continued to experience problems over the payment of FHWs, which resulted in a high drop-out rate. In 1991 some FHWs were being paid as much as Z$130, some were not paid at all and some were paid irregularly or on alternate months. The SCF programme manager therefore lobbied for regular payment for FHWs; in April 1994 she addressed an Agricultural Labour Bureau (ALB) meeting, whereupon the farmers present agreed to send a recommendation to all Farmers' Associations that 'each farmer employ at least one FHW who should be paid the going minimum wage'. This was a major breakthrough: although it was only a recommendation, it had been made by the farmers themselves and was therefore felt to have more chance of success.

The FHWs continually expanded their work during the 1990s. For example, farm workers were making negligible use of family planning services in the late 1980s, a consequence of transport problems and the hostility provoked by the previous government's efforts to 'push family planning' (cf. Ch 3, D).

In 1994, therefore, SCF suggested to the Zimbabwe National Family Planning Council (ZNFPC) that FHWs be trained to dispense contraceptives on farms. This was agreed, on condition that the FHW was literate and properly paid, but attempts to obtain funding for this initiative failed. The MOH subsequently agreed to fund the training out of its MCH budget, and ZNFP funded the training materials.

It was also necessary to devise a plan for training FHWs in family planning; by the end of 1994, 222 FHWs in the province had received some training. Once trained in family planning, the FHWs became the responsibility of MOH and ZNFPC, and as co-ordination of all the actors involved proved to be more complicated than envisaged, SCF handed over the responsibility to the MOH and confined itself to promoting family planning.

Another new ingredient of the programme was creating awareness among community leaders of issues such as the prevention of AIDS and community home-based care of chronically ill patients. In March 1993 SCF ran a workshop to train trainers in both these subjects, and in counselling as well. Thereafter, with minimal support from SCF staff, the FWP teams in all programme areas launched an extensive AIDS awareness campaign at community level, using drama as the primary channel of communication.

The Mutirowafanza Drama Group were the main performers: they toured all over the province, initially sponsored by SCF but later paid by the farmers – some of whom spent as much as Z$400 for a performance in the farm village. These performances were extremely popular and attracted large audiences.

For the most part, however, SCF limited its involvement in AIDS awareness to supporting the CFU Peer Educator Programme, set up by farmers' wives concerned at the growing number of AIDS sufferers on the farms. In the following year, workshops for community

leaders on occupational health were held in Bindura and Shamva, with the participation of NSSA and the Agricultural Chemicals Industry Association, but lack of staff, time and promotional materials prevented the further development of this initiative.

In 1994 SCF also held discussions with the provincial therapist, ZIMCARE and UNESCO about the need for child rehabilitation services on commercial farms. SCF had been involved with rural outreach programmes when Mrs Lilian Mariga was running ZIMCARE, and now, under Mrs Chikutu, SCF and ZIMCARE successfully piloted the integration of disabled children into the preschools on a few farms. SCF then engaged a consultant, Ms Delores Cortes Meldrum of the University of Zimbabwe, to develop training for trainers, which would be facilitated by ZIMCARE and the provincial therapist. Unfortunately, financial constraints meant that ZIMCARE could not pursue the programme.

C5. Water and sanitation

During 1993–94 the five original FHWP builder trainers, who had subsequently been moved to other SCF programmes, were brought back to Mashonaland Central to resume the training of farm builders. Provincial and district environmental representatives met to plan a joint approach to water and sanitation problems, and meetings were held with farmers' associations in all the programme areas to promote the training courses.

Tom Skitt, at that time Technical Advisor for Water and Sanitation, was seconded part-time to the programme to look at the possibility of improving water supplies by sinking and protecting wells. He proposed setting up a core training unit of four builder trainers who could be attached to the Commercial Farmers' Union and train farm builders in all provinces. A proposal for this was submitted to SIDA but was not funded -their aid is primarily government to government.

Between 1992 and 1994, 35 cluster workshops were held, some in the resettlement areas of Mt Darwin, Mvurwi and Guruve, followed by SCF delivering cement to the resettlement areas for the construction of Blairs, on a 'cash on delivery' basis. But deliveries were discontinued after three or four truckloads, when it became clear that not all the cement was going into toilet construction and that collecting the money owed was going to be a problem.

The environmental health part of the programme was more successful in some programme areas than others, depending on how much support was given by the local Environmental Health Technicians. As the EHTs had no transport, however, there were limits to what they could do. Moreover, the Ministry would not support EHTs to work on the farms.

The SCF builder trainers had no fixed schedules and were not assigned to any particular area: their role was 'to respond to any interested farmer'. Hence they moved from area to area, and as they were not mobile they had to be dropped off at a farm on Monday and collected the following Friday. These men are also unsung heroes, for their living conditions were hard and they were not always welcome on farms, yet they kept on 'smiling and travelling'.

Trainers Briard Munatsi and Kenneth Chitongo describe their activities for March 1993 as follows:

We did one week at Nova Doma (Centenary) doing training for preschool outdoor play equipment only, then four days at Dolphin Park (Mt Darwin) similarly constructing some play equipment, followed by a two-week training session in the construction of Blair toilets at Matepatepa Country Club, for farm builders from Hinton Estates, Granta, Cowley, Tabex, Bottomvale and Frinton.

In logistical terms, this was one of the difficult components of the programme. It also had the same problems with trainee attendance as had been experienced over the preschool outdoor play equipment. The poor attendance, say the trainers, was partly due to the fact that these courses 'were imposed' on the workers, who had not yet understood the need for toilets or for health and hygiene education.

C6. Community development: leadership training

At the 1992 planning workshop, the CDCs proposed that SCF should set up development committees on farms with a similar structure to the women's clubs. These committees were felt to be necessary because the Workers' Committee excluded non-permanent workers, women and young people and was therefore not an ideal structure through which to pursue development work. Research was conducted into similar committees: SCF visited Filabusi to talk to ORAP (Organisation of Rural Associations for Progress) about its efforts to build appropriate representative structures.

The proposal was then put to the provincial meeting in January 1993, but was rejected. The ministries were not interested in the concept; but the formation of Farm Development Committees remained part of the future vision for the programme.

SCF and the FWP teams were conscious of the need to raise awareness of social issues and to train representatives of worker and village committees. Leadership training was accordingly begun in Mvurwi and Centenary, where seven workshops were held in 1993; Bindura and Shamva ran similar training sessions in the following year, but they were poorly attended.

This type of training was not repeated elsewhere at that time, as the CDCs who would have had to do the training were too busy with skills training for women's clubs and with monitoring both the women's clubs and the preschools. They had hoped to have received some help from the area trainer network, but this had not yet grown sufficiently. In addition, the Ministry of National Affairs, which was responsible for this type of training, was being extensively restructured and hence its extension staff were not available for development work.

D. PARTNERS IN DEVELOPMENT

D1. Government and rural councils

By 1994, at both national and provincial level, the SIDA-funded FHWP had become more integrated into the general health work of MOH, rather than being perceived as a separate programme under SCF, but the lack of materials for training and transport for monitoring continued to hamper the development of the programme. SCF therefore continued to work

closely with the MOH to supplement government's efforts in an area where its capacity was relatively weak .

The position improved slightly when responsibility for the FHWP was moved from MOH's Nursing Department to Environmental Health, as recommended by the 1992 National FHWP Evaluation. But it was the appointment of a full-time national co-ordinator for the programme, Mrs Mutero, which brought a marked improvement in the performance of the FHWP and the co-operation between MOH and SCF. The SCF programme manager was subsequently invited to attend meetings of the National Advisory Committee and two national FHWP workshops.

However, other ministries had not yet included the commercial farming areas within their operations. Although the provincial departments were quite enthusiastic about the programme, monetary constraints on the government meant inadequate staff and transport. In addition, the Ministry of National Affairs, Employment Creation and Co-operatives (formerly MCCDWA) was redefining its roles, while the Ministry of Education and Culture showed no interest in either adult literacy work or preschools in commercial farming areas. In consequence, SCF found itself carrying out development work without input or support from the ministries.

Throughout the development of the FWP, SCF worked closely with the councils in all the programme areas. Since it felt that the councils should play a pivotal role in the programme in the future, SCF funded the employment of staff and channelled training funds through councils. The programme manager also took part in council discussions about infrastructural development, and encouraged the farmers to help the councils with setting up static clinics. However, as the newly-amalgamated councils were not yet fully operational, it was difficult to work with them in a more meaningful way at that particular time.

SCF hoped to persuade the new RDCs to put more emphasis on service delivery for all the people in their area than the former RCs had done. Unfortunately, farm workers were specifically denied a vote in elections to the RDCs (although there was provision for co-opting representatives of farm workers) – hardly a positive change.

D2. The farmers

The programme objectives included 'the development of relations with the farmers to gain their support and improve the co-ordination between government and farmers', and so in 1993–94 there was a particular focus on forging relationships with farmers and their wives. Lynette Mudekunye conceded that 'the programme had not worked consistently to attract this support and harness it in the past' (SCF: FWP position paper 1993), and therefore she and the field officers now devoted considerable time to visiting farmers' wives to explain and promote the programme.

Interest in the FHWP, which had waned in various districts in the late 1980s, seemed to revive in the early 1990s. Farm visits showed that an increasing number of farmers were interested in the new FWP, even if they were not actively involved. Many farmers and their wives had continued to support FHWs, preschools and women's clubs, but by 1992–93 there was also a growing interest in the community leadership training and adult literacy work. This seemed to show a new awareness among farmers of the need to increase the capacity of their workers.

However, the programme manager pointed out that, although there had been marked improvements in housing, sanitation and water supply on some farms in the last few years, most changes had occurred 'as a result of persuasion which is slow and requires skilled, persistent, and mobile personnel'. This underlines the importance of regular visits and support to the farmers by the FWP team members and in particular the field officers.

However, some farmers did not need persuading and were only too happy to welcome the team. The first visit to Mt Darwin farmers by the Bindura FWP team in early 1993, for example, was greeted with such enthusiasm by both farmers and farm workers, that a cluster preschool training course was immediately planned for the area, with Dolphin Park farm school as the venue. Dolphin Park is one of the many farms where workers have had brick houses and a school for decades; the farmer, Clive Rimmer, and his father before him have always been very supportive of the programme. Similarly supportive farmers in the new programme areas included Don Gibson of Nova Doma (Centenary) and Dave Dolphin, Richard Brooker and Neil Howland, of Mt Fatigue, Brandon and Birkdale farms respectively (Victory Block, Guruve).

In 1994 the first FWP Field Day was held at Nova Doma, attended by Minister Kangai of Lands, Agriculture and Water Development, Minister Stamps of Health and Child Welfare and a number of other farmers and their workers, some from far afield. The event was covered in the national media, which was very encouraging for all the farmers involved and served to publicize the FHWP.

Unfortunately, the government's efforts to acquire land for the resettlement of small-scale farmers in over-crowded communal areas, under the Land Acquisition Act of 1992 alarmed many farmers, creating a climate of insecurity that made them reluctant to invest money in social infrastructure.

These uncertainties were exacerbated by the amalgamation of the rural and district councils: the district councils had looked to the merger to provide financial assistance, only to find that both rural and district councils were desperately short of resources to provide services to their constituents. The farmers, who feared that there would be competition for the limited resources and that services in the farming areas would become even worse, had resisted the amalgamation.

To overcome this problem, Lynette Mudekunye began attending Farmers' Association meetings to promote the FWP. Farmers' Associations in Bindura, Shamva, Mazoe and Horseshoe agreed to put the programme on the agenda of their meetings and to allow members of the programme teams to report on their activities. In addition, some Associations included information about the FWP in their minutes, which greatly improved understanding of the programme activities.

During 1994 progress was also made in establishing close working relationships with the farmers' wives in various districts, by holding meetings with groups of wives in Mvurwi, Centenary and Bindura to discuss the importance of supporting the women's clubs and preschools.

In Centenary, the formation of the Farmers' Wives Association by Mrs Johnson and Mrs Palmer of Everton and Mwonga farms respectively was perhaps one of most important steps forward. The first meeting was held in the home of the CDC, Mrs Foroma, and the

others farms represented were Mawari, Shearwood, Sable Heights, Goromokwa and Silverstrom. The aim of the Farmers' Wives Association was 'to actively involve farmers' wives in the programme and promote it in other forums': although it did not lead to the establishment of similar associations, the association did result in increased support for women's clubs and preschools by individual farmers.

The Farmers' Wives Association started a newsletter to inform the district about the programme, especially the training sessions, and the farmer of Everton not only paid the area trainer but also bought her a bicycle so that she could monitor neighbouring farms. The association promoted home and garden competitions, supported craftwork shows and provided the prizes for the winners.

In Mutepatepa, the Farmers' Association appointed Penny Thurlow of Aschott farm to liaise between the Association and the programme. Discussions with farmers in the Horseshoe area led to the suggestion that a member of the Farmers Association (perhaps a farmer's wife) be nominated as a FWP area representative who could report to CFU national, which was seen as another major step forward in the dissemination of information.

In spite of this progress, however, the SCF field staff interviewed felt they did not devote enough time to enlisting the support of farmers and their wives during these years. One field officer said, 'We achieved those links with the little time we had free. If we had spent more time then, we would have been able to stand back now and see the programme operating through the farmers.'

According to two farmers' wives, the amazing change in attitude towards the programme observed in many farmers may have been due to a new awareness stimulated by the evangelical Christian movement. Farmers who had previously walked away from the team to avoid having to talk to them, were now inspired to set up preschools, become involved in women's clubs and get to know their people on the farms. It was out of this new commitment that some of the most successful programme clusters were to develop.

E. STRUCTURES FOR SUSTAINABILITY

The long-term sustainability of the improvements brought about by the FWP was recognized as being largely dependent on setting up structures, whether it was a district and provincial structure for women's clubs, a Farmers' Wives Support Committee or a developmental structure that would strengthen the workers' capacity to represent themselves on decision-making bodies. It was therefore a programme objective to create strong links between farmer, worker and SCF, so as to improve the awareness and commitment of supporting bodies such as CFU and GAPWUZ.

Accordingly, the programme manager set out to foster relations with the Agricultural Labour Bureau, the arm of the CFU dealing with labour matters. Her attendance at a full ALB meeting in April 1994 resulted in a recommendation about the employment and salary of FHWs (cf.90). Through this link, SCF was also invited to attend a meeting of the Health and Safety subcommittee of the National Employment Council for Agriculture, which includes representatives from ALB and GAPWUZ. SCF also participated in the Agricultural Show that year, as did ALB, the MOH and the CFU AIDS programme.

In 1994, an informal network of organizations that work with farm workers was set up by the Dutch aid agency SNV in conjunction with SCF, to discuss issues of common interest such as 'motivating farmers and farm workers, and the growing problem of AIDS'. SNV was implementing a Farm Worker Programme similar to SCF's in Headlands of Manicaland. It was also hoped that, through this network, other organizations might become more actively involved in development work with farm workers. The network grew and subsequently became the Farm Workers Action Group (FWAG) at the instigation of the late Never Kasirori, then Research Officer for the Catholic Commission for Justice and Peace.

F. THE FWP S ACHIEVEMENTS 1990-1994

Between 1990 and 1994 SCF, with its relatively limited resources, successfully launched the FWP in all the RC districts of Mashonaland Central, managing in each case to introduce most of the various components of the programme.

Important for sustainability was the development of district and provincial co-ordinating committees, a provincial structure for the women's clubs, the beginnings of the Farmers' Wives Support Committees, and the other links with farmers and Farmers' Associations.

Equally important was the capacity built in the RCs through help with funds, staff and transport; this resulted in the establishment by 1994 of strong local FWP teams (termed 'inter-sectoral' or integrated teams), in which the community development and literacy cadre operated alongside the health personnel and there were also nutrition extension workers from Silveira House.

The desire to expand the programme geographically in its first year and to widen its range of activities in subsequent years required the active involvement and support of other partners, particularly ministerial field staff. The 1993 annual report acknowledged that SCF's resources were limited relative to the size of the programme area and the broad range of activities it planned to provide (SCF;FWP Annual Report 1993), and therefore much time was spent trying to get ministries involved in working in the commercial farming areas – but with little success. 1994 saw an increase in the range of SCF's activities without a parallel increase in resources. This placed the SCF staff under considerable pressure, and they are to be commended for their untiring efforts to bring social services to the farm workers.

By 1994 it was clear that whatever success had been achieved by the FWP was largely due to SCF's material and moral support to the programme teams and to the presence of SCF field staff and trainers, who co-ordinated and monitored the activities of the programme (including FHWs) on the farms. The 1992 national evaluation of the FHWP highlighted the lack of MOH monitoring and its effect on the FHWs and other programme activities in the various provinces (Auret 1992).

By 1994, close working relations had developed between MOH and SCF at provincial level and were just beginning at national level, where SCF hoped to influence policy and to facilitate discussions between the MOH and Farmers' Associations on the FHWP. Unfortunately, despite good relations with ministry personnel in the province, closer working links were not achieved with other ministries in the development programme.

The importance of involving the farmers right from the start in the planning and implementation of the programme – raised in 1981 by Richard Laing, and reiterated in 1986 by Rene Loewenson and in 1989 by Alfred Mhonidwa, the FWP manager – was emphasized once again in 1992 in the evaluation of the FHWP: 'Failure to recognize the farm owner as a crucial member of the farming community gave rise to the omission of the representative farming and plantation workers' bodies, such as the CFU, the Coffee Growers' Association and others, from the planning and decision-making bodies at national, provincial and district level'. This criticism applies equally to the provincial FWP and the national FHWP, for throughout SCF's twelve-year involvement with both programmes, the representative farming bodies had not been involved in their planning. Nevertheless, within the province SCF programme staff did develop closer relations with individual farmers, farmers' wives and Farmers' Associations, and also with the CFU/ALB.

By 1993 the programme manager felt that SCF's skill at supplementing government's efforts and influencing policy, at least at provincial level, should be made available to farm workers in other provinces. Recognizing that SCF's 'impact on a national level has been negligible' and that there was an urgent need to influence national policy on working with farm workers, the 1993 annual report proposed that SCF should 'participate in the MOH national programme to train FHWs and to work to influence the policy and practice of other ministries.'

In early 1994, therefore, in line with this proposal, and in response to considerable interest, the Mashonaland Central programme staff also conducted three preschool cluster workshops in Chakari, Arcturus and Darwendale, and the programme manager attended a Farmers' Association meeting at Chakari.

SCF ran a senior staff workshop in late 1994 to consider the future direction of the FWP programme, against the background of a thirteen-year involvement in both the FHW and FW programmes in Mashonaland Central and an SCF(UK) policy to 'capacity build until such time as a local organization can continue the developmental intervention'. As regards the FWP, it was SCF's long-term objective to see 'that the issues relating to farm workers and their families be sufficiently accepted and addressed nationally by farmers, government and local government (RDCs) so that the welfare of farm workers is not a concern'; accordingly, the workshop participants agreed on the following strategies:

- The Mashonaland Central Provincial FWP would be consolidated over the three years 1995-1998, focusing particularly on ways of sustaining the programme without SCF support.
- A new local NGO would be established, with the involvement of the farmers, over the three to five years 1995-1998/2000, enabling the experience acquired in the Mashonaland Central programme to be used at a national level to inform work with farm workers in other provinces. This would remedy the previous omission of representative farming bodies from the planning process.

Although government continued to claim that it would extend services such as health and education to the commercial farming areas, it was not clear how they would be able do this. In order to implement the Economic Structural Adjustment Programme, government was in fact cutting expenditure on social services, thus *reducing* the possibility of expansion into the commercial farming areas. The number of government staff was falling, as was the amount of money available for transport and subsistence allowances, which led to

poor morale and poor performance. The cutting of the budget allocations for health and education led to a decline in the quality of these services and a critical shortage of drugs, especially in the rural area clinics.

The declining public sector support for social services created an even greater need for farmers and government to adopt a joint approach to providing these services in the commercial farming areas. SCF continued to advocate this approach through the Mashonaland Central Provincial Programme, as well as through its support for a National Farm Worker Programme.

Notes

1. *Auret 1992*
2. *Auret 1994*
3. *Metcalfe Interview 1998*
4. *SCF: FWP Project Proposal 1992*
5. *SCF: FWP Position Paper 1993*
6. *SCF: FWP Annual Report 1993*

Chapter Ten:

Arrival at the destination

SUMMARY

The consolidation of a FWP `model' necessitated a survey of the provincial programme, to ascertain the sustainability of the structures and mechanisms established.

Based on the findings, the focus of the programme was shifted to the farming community as a whole ie. farmer and worker. Objectives for this period were to create awareness and build capacity among the farming community as a whole.

To facilitate this process, it was decided to concentrate on building `model' farms, as examples. On each farm, the process of capacity building included the setting up of a Farm Development Committee (FADCO), on which management and worker were represented, to provide a forum for community participation in decision making.

Emphasis was placed on training for farm workers in various skills, and on training FWP team members in participatory rural appraisal (PRA) skills, to enable them to motivate the farming community.

Through regular attendance at Farmers' Association meetings, farmers and their wives were involved in the programme planning and evaluation. Public awareness of programme activities and successes was also achieved through a series of field days, children's days and women's club shows.

By late 1998, 76 per cent of the farms in Mashonaland Central had achieved 'model' status, while a further 19 per cent were working towards it; 463 FADCOs had been set up.

The Farm Community Trust of Zimbabwe, the NGO that would spearhead the national programme for farm workers, was set up with SCF assistance in 1996 and registered in 1997.

The decision to consolidate the SCF Farm Worker Programme in Mashonaland Central and to set up a national NGO that could further this work in other provinces, led to the release of Lynette Mudekunye from the provincial programme to begin the groundwork for the new NGO and the appointment of Diana Auret as programme manager for the FWP in Mashonaland Central.

The main preoccupation during this period was the sustainability of the development that had occurred during the past 13 years. This required analysis not only of past events, but more importantly of the capacity of the key actors to meet the challenge of sustainability.

A. THE SITUATION IN 1995

By 1995 there was a need for a clear picture, not only of the farms reached by the FHW and FW programmes, but more importantly of how many farm communities had begun to help themselves as a result of the interventions. A baseline survey was undertaken between August and December 1995, using the local FWP teams to gather the data. This was a time-consuming operation, as the teams had never collected information before, but it did increase their awareness of the situation on the farms and improve their analytical skills. (Tables giving the findings for each district are in Appendix 2).

As previous evaluations of the FHWP had shown, there was still a pattern of growth and decline in the numbers of Farm Health Workers: in 1988, for example, 631 FHWs had been trained, but a third dropped out during the year; the 1995 survey found there were now only 527 operative FHWs, although a further 209 had been trained between 1990 and 1992. The findings relating to literacy or women's clubs were similar: about half the farm communities reached by the programme up to 1995 had functioning clubs or groups. Another concern was the continuing lack of access to individual household sanitation and potable water, although SCF had invested considerable resources in this part of the programme.

To make the programme sustainable, it was important to understand why the FHWs, tutors and other functionaries within the community did not last and why certain activities were abandoned. The reasons varied from farm to farm, of course, but the 1995 study highlighted some of the underlying problems that prevented either farmer or farm worker from getting involved.

The most important was the lack of information and awareness among both farmers and workers, and the farm workers' inability to organize themselves. Workers failed to appreciate the benefits of the various interventions, lacked the time and financial resources to work for change and above all, did not know how to mobilize what capacity they did have.

For their part, the farmers lacked awareness of the needs of farm villages and of the potential benefits of the programme. This was reflected on many farms by a lack of support by the farmer and his wife for the villagers' developmental activities, exacerbated by a lack of monitoring support from ministerial or council extension staff. On farms where progress had been made, these forms of support were invariably present, as were the SCF programme staff.

B. NEW GOALS AND NEW METHODS

By 1995, given the government's continuing inability to deliver the services people on commercial farms needed, it had become clear that the farmer and the rural councils would have to assume a greater responsibility for these services. The SCF programme manager

felt that the long period of residence of many farm workers qualified them to be regarded as permanent residents, and thus a valuable resource for improving their home villages.

Above all, the active involvement of farmers and the workers was essential to the sustainability of any intervention. SCF therefore saw its future role as raising awareness among both farmers and farm workers, and offering help, training and expertise to farm communities in order to build their capacity.

B1. Keeping the farmers informed

The FWP was essentially the farmers' programme, so the priority was to make them aware of this fact by informing them of the current situation on the farms, discussing how SCF could help them improve conditions for their workers, and involving them in decisions about the allocation of resources.

Accordingly, the baseline survey findings were sent to every Farmers' Association in the province together with a request to be allowed to address each Association. SCF took to attending these meetings twice a year, sharing its plans at the beginning of the year and reporting on progress towards the end of the year. Each meeting attended aroused the interest of two or three more farmers who had previously been unaware of the programme, but it seemed clear that, as one farmer admitted, 'social issues were filed below fertiliser, marketing and cropping information'.

A less formal way of sharing information was needed that would allow free debate. In 1996, therefore, meetings with farmers' wives became a priority for the programme manager and field officers.

B2. Involving the farm worker community

In December 1995 the SCF programme staff met to analyse the survey findings and discuss future directions. The long-term goal of the programme was redefined as 'to improve the working and living conditions of the farm workers on commercial farms, through a process of awareness creation in the farming community as a whole, which will ultimately enable the communities themselves to bring about the desired change'. The short-term objectives focused on building capacity among the community and the FWP team members. This would mean involving the community in every stage of programme development from the identifying of needs to the planning of activities. Fundamental to this process was raising awareness and sharing information; these bring about a change in attitude, which in turn leads to a change in behaviour. Involvement of the people in the decision-making process was essential to the sustainability of the programme.

Trying to get as many people in the village as possible involved in the same activities was also considered essential for creating a sense of community. 'Foreign' farm workers still made up about 40 per cent of the total labour force, and this had always worked against the homogeneity of the villages. It was hoped that group involvement in the development process would encourage a sense of belonging to a particular community.

Persuading communities to participate would require specific skills from the SCF staff and the extension staff of councils, ministries and NGOs working on the programme. Staff training therefore became a key objective in 1995. The need to use a participatory approach

in all parts of the programme had been recognized as early as 1986 (cf.71,74); the SARAR training was the result, but this had been poorly supported and was eventually abandoned. A key objective was therefore to strengthen the 'integrated approach' , not only by using a multi-sectoral team and a common methodology, but also by addressing team building and other issues relating to capacity, such as the mobility of extension staff.

Another important objective was to set up organizational structures for farm workers: Farm Development Committees. These committees would ultimately be linked through ward structures to the district and provincial development structure established after independence in the communal areas, and would enable representation of the farm workers at RC level.

C. IMPLEMENTATION

C1. Model farms

The December planning meeting also decided that, as a first step towards consolidating the programme and establishing Mashonaland Central as a model for the national programme, a specific group of farms would become the focus of all activities, particularly the motivation and training work. This would involve working with 30 farms in each of eight districts (and 27 in Mt Darwin) for one year, in each year of a three-year period. At the same time SCF would continue to respond to requests for motivation and training from other farms, and to co-ordinate programme activities on all the farms in the various districts.

Strengthening the first 30 farm communities would, it was hoped, encourage farmers and farm workers to become involved in the programme. Through example and peer pressure, the farm communities would become the vehicles for the spread and consolidation of the programme within each district. Recognition of both farmer and workers as key members of a single social and economic unit would, the programme manager hoped, improve communication and co-operation.

Each local FWP team was asked to select 30 farms, and in most cases they chose farms where there were 'supportive farmers and wives, and farm workers who participated in the development of their villages'. Maps were made of each RC district and the 30 selected farms were pinpointed; once a component of the programme was successfully established on a farm, a coloured marker was affixed. This was a surprisingly motivating exercise, and teams became very proprietary and competitive about 'their district'. The maps were updated every six months, creating a very colourful collage.

Criteria for what would constitute a 'model farm' were also agreed:

- There was a supportive farmer and farmer's wife.
- The farm worker community had participated in awareness creation, had identified problems in the village and their solutions, and were willing to co-operate with the farmer.
- There was a functioning FHW, preschool and women's club.
- Members of the community had been trained to construct Blair toilets and preschool play equipment.

- Members of the community had had the opportunity to receive training in other areas, such as literacy, preschool care and women's skills.
- There had been continued improvement in housing and in access to water and sanitation.
- A Farm Development Committee (FADCO) had been established.

C2. A three-phase intervention

To enable the chosen farms to be nurtured to 'model' status, the programme year was divided into three phases.

The first phase focused on awareness creation and motivation sessions for the farm worker communities, delivered by the SCF builder trainers and members of the FWP teams. Each session consisted of a discussion followed by a number of group exercises: for example, village mapping, drawing charts depicting the seasons and the corresponding labour input; role plays dealing with issues of importance to the community. Ideally, these sessions were held before any other component of the programme was introduced, in order to foster a group identity and to help the farm workers to identify problems and possible roles they could play in solving them. The sessions culminated in the election of a FADCO.

Implementing this first phase was, of course, easier said than done: it also required an awareness creation exercise with the farmers and their wives, to persuade them of the importance of building a sense of community among their farm workers, so that the workers could share the responsibility for improving the farm village. At first, it was not easy for farmers to accept that their view that 'they never do anything to help themselves' could be wrong, or for the workers to revise their opinion that 'the farmer decides everything and is not interested in what we think'. RC and ministry staff also took part in motivational sessions.

On each farm, this first phase was followed by a phase of training, both for the FADCOs and for the communities, and then by a phase of monitoring and follow-up.

C3. The introduction of Farm Development Committees

The need for development committees on farms was flagged as early as 1981 by Richard Laing, who perceived that workers required more effective representation 'if they were to achieve complete physical, social and mental well-being'. Indeed, the desirability of a representative committee that could both articulate the needs of the workers and organize the community to address issues was pointed out several times between 1981 and 1995. But government showed no political will to enfranchise farm workers, and so the developmental structures (VIDCO/WADCO) were never extended to the commercial farming areas.

By 1993, however, SCF felt that Farm Development Committees were essential for involving the workers in their own development process and thus bringing about their enfranchisement. It therefore introduced them as an important component of the FWP.

As well as being organizational bodies, Farm Development Committees provide a forum for community participation in decision making, a conduit for direct communication

between farmer and worker, and an opportunity for the involvement of women as community representatives. Above all, the FADCOs provide representative structures for farm workers similar to those that have been enjoyed by the people in communal areas since 1981, and thus will enable the workers to represent themselves on the rural councils and other bodies.

Each FADCO includes: the farmer and/or his wife (or the manager) as permanent, non-elected members; the farm health worker, literacy tutor and women's club co-ordinator originally elected by the community; and elected personnel from the village community such as the chairperson, deputy chair, secretary and treasurer.

C4. Building team capacity

To build the capacity of the FWP team to take over SCF's roles of facilitation, motivation and monitoring, an intense training period, particularly in participatory rural appraisal methods and techniques, followed the initial planning meeting.

SCF (UK) FWP team PRA training

The SCF field officers and builder trainers were the first beneficiaries of the training provided by Diana Auret, the programme manager, and this was followed by the training of the various district FWP team members. Staff and team training thereafter became a regular feature, and other subjects such as socio-economic analysis and project management were added.

The training has been much appreciated. Stanley Marimo, one of the SCF trainers, said, 'I now have the confidence and capacity to train large crowds, because my capacity has been increased enormously by my training.' Briard Munatsi, another motivator/trainer, smiled and said, 'I can now talk in front of a group of 200 without fear.'

The picture 'codes' employed in the PRA training – and afterwards reproduced as part of a training kit for use in the field – were the same as those in the SARAR/UNDP training of 1986, which had been produced by CADEC, Chinhoyi . Subsequently a local artist, Joseph Chinyanga of the Shamva FWP team, was once again asked to help with the development of new codes for the teams.

The four builder trainers, who had previously concentrated on the construction of Blair toilets, water sand filters and preschool outdoor equipment, became the key community motivators in 1996. These four are to be commended for the incredible amount of work they have completed in the last three years.

Whether the programme is involved in motivation, training or monitoring, at the forefront will be the four 'men in red' (the colour of their motorbike kit), invariably smiling regardless of wind or rain. Although they acquired tents and camping gear in 1996 – a vast improvement on their previous living conditions – they are nevertheless away from their

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families and staying on the farms almost all week and every week for three-quarters of the year. Because they are quiet and unassuming men, their contribution sometimes goes unnoticed, yet the achievements of the programme are due in very large measure to their efforts and skills. Similarly, Andrew Muringaniza has spent every night of the week at a training centre in his programme area, returning to his family in Mutare only every second weekend. Much is owed to the dedication of such people.

D. A MORE RESPONSIVE ORGANISATION

To enable a focused approach that would build local capacity, SCF teams were linked to specific areas and to the local FWP team. This would also help the farmers in each area to get to know the programme staff. Accordingly, efforts were made to house the builder trainers in accommodation in one particular area, linking them to the field officers to create a local SCF team that could focus on co-ordination, motivation, training and monitoring in that programme area.

The local FWP teams were encouraged to allocate programme activities to appropriate periods in the agricultural calendar. Thus the most suitable time for training was when the workers could be released from their agricultural duties for a week or two, during the dry season or the 'quiet period' between May and September. Hence the motivational exercises were scheduled for the early part of the year, leaving October to December for continuous monitoring, on-site training and follow-ups.

Structuring the year made it possible for farmers to be notified well in advance of the need to make workers available for activities; this enabled SCF resources to be distributed to the maximum number of beneficiaries.

One of the SCF (UK) Builder Trainees on his motorcycle

The arrival of four new double-cab trucks for the FWP early in 1995 made each field officer and the programme manager mobile, and by January 1996 the purchase of motorbikes for the builder trainers had begun. Linking the SCF builder trainers to specific areas and putting them on motorbikes brought a considerable improvement in the water and sanitation situation on farms, principally by increasing monitoring, on-site demonstrations and training. Stanley Marimo pointed out that, before the builder trainers received their motorbikes, monitoring was carried out 'maybe three to four months after training, and by then it was too late to prevent the incorrect dimensions of the superstructures'. By 1997 they were able to follow up each farm builder they trained within a month.

Once more, discussions were held with relevant ministries to encourage the participation of ministry extension staff in the commercial farming areas. SCF eventually acquired a further four motorbikes for government extension staff, two of which were allocated to environmental health technicians and two to district literacy officers, in an effort to

strengthen the weak literacy component of the programme. Each of these mobile extension staff received a limited mileage allowance and free maintenance of their bikes through an SCF arrangement with Riders for Health.

Building capacity at council level was also a programme priority, therefore the training funds were administered by the rural council's executive officers, and negotiations were begun for councils to take over the salaries of the CDCs and DLCs employed by the council but paid by SCF. It was agreed that, from April 1997, the council would provide one third of the salaries and SCF two-thirds, but in the following year the proportions would be reversed, thus ensuring that by April 1999 the staff would be wholly maintained by the RCs. The rural councils also became the focus for district planning, and all district FWP plans and reviews were facilitated by the rural council executive officers, in conjunction with the FWP team leaders.

E. PROGRAMME ACTIVITIES

The combination of the participatory approach, the introduction of 'model' farms and FADCOs, and the training of the FWP teams led to a considerable increase in the number of operational FHWs, preschools and women's clubs; the achievements in each area are given in the Tables in Appendix 4 . Here we shall discuss first the activities that have been a major cause for concern for 17 years – nutrition and literacy – and then the new programme activities.

E1. Nutrition

There has been a major improvement in the nutritional status of children on farms, owing to factors such as greater awareness among mothers and better access to land for growing vegetables for the children at preschools. SCF obtained brightly-coloured weight-for-height charts and sold them to farmers' wives for their dispensaries. The FHWs used them with the mothers to establish each child's nutritional status

The nutritional improvement also owed much to the support of the farmers' wives and the involvement of Silveira House, whose extension staff ran nutrition workshops on farms. On completion of the course, Silveira House gave the participants seeds, poultry, rabbits and fencing, to help them set up nutrition projects. The extension staff, who are mobile and very active in the programme areas, provided support and regular monitoring. In 1996 a Nutrition Field Day was held at Mt Fatigue farm in Guruve, with exhibits of vegetables, chickens and rabbits from 11 farms. It elicited considerable interest from the surrounding farmers.

Improved nutrition garden Barrock Farm. Andrew Muringaniza SCF Field Officer. Centenary and FHW in Foreground

E2. Adult literacy

The literacy rate among farm workers has remained consistently low for the past 10 years or more. For most of that time, no funding has been available from the Ministry of Education to train literacy tutors on farms. SCF, together with ALOZ and Ministry officials, did make attempts to tackle the situation over the years, but no long-term plans were laid.

The situation was exacerbated in 1995 by the loss of SCF funding for this component. In the interests of long-term sustainability, and the consequent need for government and farmers to assume a greater share of the responsibility for various components of the FWP, SCF reduced their funding to the FWP in 1995. As adult literacy was the only component that was not directly benefiting children, it experienced a more severe cut.

In August 1996, however, funding was obtained from MISEREOR, a German Catholic aid agency, to continue the programme, although this did not cover the salaries of the council-employed district literacy officers. Because the councils could no longer afford to employ these officers, SCF arranged for them to be employed by the government. Unfortunately, as government employees they could no longer work exclusively on commercial farms, being required in the communal areas as well. As a result, many already shaky literacy groups collapsed in 1995-96. The literacy tutors were seldom paid, and received little or no encouragement from the farmers or the community; moreover, would-be learners had little free time to attend classes.

The situation began to improve in 1997. Awareness creation led to a growing desire for literacy among farm workers, and the number of paid literacy tutors increased. There has also been more monitoring since 1997, thanks to the greater commitment from existing DLCs and the two new DLCs in Bindura and Shamva, all of whom SCF provided with motorbikes.

Also helpful has been the introduction by the Ministry of Education of a new methodology, REFLECT. Initiated in Malawi, it uses PRA methods and emphasizes functional literacy and practical, small-scale projects. REFLECT enables learners to use their new skills relatively soon after starting classes, thus underlining the practical value of education. In the past, the acquisition of an education – though valued as a means to earn a good living and support the extended family – was seldom prized by the workers for themselves, but rather as something of value for their children.

Between 1996 and 1997 the number of functioning groups increased from 96 to 179. The donation by the New Zealand High Commission of 18 bicycles for cluster tutors will greatly help the sustainability of these groups. SCF has promoted the concept of a paid tutor for a cluster of farms, in the hope that three or four farmers and groups of learners should between them be able to pay a tutor a reasonable salary.

Numerous district literacy officers operating in the FWP teams have expressed their gratitude to SCF for enabling them to continue with their work, explaining that 'the relationship between SCF, government and farmers built up recently has helped to remove barriers and suspicions,' and that 'SCF has enabled us to do our job – if SCF pulls out there will be no more training.' They stressed that 'though every ministry depends on literacy, most are not involved; whereas they should all be contributing a small amount of their budget to

this programme.' Others said, 'The ministry is relying on NGOs to continue the programme, as they cannot do it – there is no budget for the programme.'

E3. HIV/AIDS and orphans

In 1996, as a response to the rapidly-spreading AIDS pandemic, SCF made education in the prevention of HIV/AIDS a component of every programme. At least 15 per cent of Zimbabwe's population of 15 million were thought to be HIV positive. As there were two million people on the 4,600 commercial farms, this meant that there were likely to be 300,000 farm workers suffering from AIDS; in other words, an average of 65 people in need of home-based care on each farm.

The 1996 and 1997 training effort was greatly helped by UNICEF, which provided 600 HIV/AIDS training kits for FHWs. Then SCF-funded training courses were held for FHWs and Women's Club Area Trainers. The FHWs were also trained to use the AIDS kits to create awareness among the farm communities. Currently, all SCF-funded cluster training sessions on the farms include a component on AIDS awareness.

By the year 2000 there will be an estimated 1 million orphans in Zimbabwe; by the following decade at least 20 per cent, but more probably 45 per cent, of all children will be orphaned. Of the two million people who live on commercial farms, one million are children. The multi-ethnic composition of the farm villages, and the resulting rarity of extended families, may mean that there will be large numbers of orphans in need of care. This prospect motivated the farmers to hold a consultative workshop in 1996. The result was the formation of an NGO, the Farm Orphan Support Trust (FOST); Diana Auret was elected to the executive committee as an SCF representative.

School of Social Work students seconded to SCF undertook two studies in 1996 under the supervision of the FWP programme manager: 'A situational analysis of orphans on commercial farms in Mashonaland Central' and 'An analysis of community attitudes to fostering and the difficulties faced by foster-parents and children being fostered'. These were of great help in planning SCF's AIDS strategies in general, and FOST's plans for the orphans on commercial farms in particular.

Throughout 1997 SCF played an active part in FOST through the programme manager. The FWP became the means of introducing community-based care of orphans to the farm workers. The motivational exercises on the farms made the communities aware of orphans, and encouraged them to discuss how they might address community-based care for such children. Because it cannot afford either to monitor children in difficult situations or meet the cost of items such as clothing and educational expenses, the Department of Social Welfare in the Ministry of Public Service, Labour and Social Welfare can provide little support.

If families are to be encouraged to foster orphaned children, a monitoring body is needed to ensure that the children are adequately cared for and not exploited or abused. As the authorities responsible for the community, the FADCOs are the logical First Child Care Committee; accordingly, awareness of this role was built into the FADCO training sessions during 1997. Some farmers are already helping by providing a piece of land to enable the community to grow food for the fostering families.

E4. Formal education on the farms

Farm workers regard the inadequate access to education as perhaps their most difficult problem, as they can do little to remedy it. Education is much prized as the key to future employment – the way out of the farm – but there is still a great shortage of schools.

Neither government nor councils have built schools – either primary or secondary – on the farms. Only 59 per cent of children of primary school age are in school, compared with 79 per cent and 89 per cent in communal and urban areas respectively. Some children attend farm-owned primary schools that service a cluster of farms, while others attend small schools on individual farms, or walk to council or government schools in the communal areas if they are close enough. The lack of secondary schools is, however, a major source of anxiety for parents, whose only options are to send their children to boarding schools, which they cannot afford, or to allow them to lodge near a government school in a communal or urban area, which is both costly and leaves the child without adequate supervision or care (particularly undesirable in the current AIDS crisis).

The fact that most people cannot afford formal education has led to a high drop-out rate from an early age, which tends to encourage child labour. Although they may be well aware of their children's need for education and recreation, poverty-stricken parents may see no alternative but to send them out to work. Farmers have been made aware, however, of national legislation on child labour. No child under 15 years of age can be *contracted* to work, but on the other hand the Labour Relations Act of 1985 does not explicitly make the employment of children illegal.

During the holidays, therefore, the heads of farm schools still organize the children to pick peas or paprika to raise funds for sports equipment or school furniture. Some of them are children in foster care who need to earn money to pay their school fees during the holidays, as their foster parents cannot afford to do so and there is no provision for government to meet the cost of primary education for such children. What is remarkable is the enthusiasm the children bring to their farm work: it represents a day out, a way of bringing home some income to their parents, and a chance to catch rats – a favourite pastime and a cherished delicacy.

A 1998 survey of 81 young people aged between 12 and 18 carried out in Bindura and Glendale found that only 45 were at school. Of those who had dropped out, 10 were orphans, a further 21 had finished primary school and could not attend secondary school owing to the cost and the distances, and six girls who lived too far from a primary school had dropped out after three or four years of education and got married before they were 16.

However, all 81 of the interviewees had a great desire to go to school, but said that 'it was difficult to get school fees and school uniforms because parents' salaries are low'. The situation was even more difficult for 23 of them because their parents were divorced or had remarried; step-parents would not always pay the child's school fees.

Many of these children worked on the farms to raise the money for school fees or uniforms – some during the holidays only, others for a longer period – in the hope that 'there may be money from my father later'. On some farms, however, the children lamented the fact that the farmer would not even give them piecework; one said desperately, 'At times it is

hard to get work on the farm, when only a few are needed, and then we cannot help ourselves.'

When it was suggested to the younger interviewees that it was illegal for them to work on the farm, they expressed alarm that 'their chance to get an education' might be hindered and they refused to discuss the matter further. Many of those not at school were young females; some claimed that the foremen cheated them of days they worked, but said that if they complained they were threatened by dismissal. Many of these were young single mothers who had been pushed into early marriages that later broke down.

The plight of these children can best be demonstrated by the replies that they gave to the question 'What do you plan to do in the future?':

'There is no-one to help me with school fees, so I do not have any plans.'

'I have no plans, but I'd like to go to school.'

'I would like to go to university.'

'If the government could help us with loans, we could go to school and repay them afterwards.'

'I'd like to have a good job: driving, radio DJ or town planner.'

The young people themselves had suggestions for how the FWP could help them; the majority asked for health education and projects, while the young women also requested marriage education and clubs that taught skills.

Formal education is an area that the FWP has not addressed to any great extent. In 1997, however, the field officers made determined efforts through the farmers' wives cluster meetings to explain what is involved in registering a farm school. The Ministry of Education has been particularly concerned to have such schools registered, to ensure that children are taught by qualified teachers and a syllabus is followed. There is also a financial advantage to registering a school, in the form of teachers' salaries, but the farmers have always been reluctant to follow this route, seeing this as a `means to give government control over the activities of the school'. The absence of a consultative forum in which government, council and farmers could discuss issues pertaining to education and make joint decisions, is the primary reason for this reluctance. To facilitate the delivery of education by government, council and farmers, such a consultative process and forum needs to be set in motion .

F. PUBLICIZING THE PROGRAMME

By 1996 the programme manager realised that farmers and their wives had very little accurate knowledge of the different components of the programme. A similar lack of awareness prevailed among the FHWs themselves.

To make the roles and responsibilities of the FHW clearer, SCF published a booklet describing all aspects of the job; 1200 copies were distributed to farmers and FHWs, and their contribution to better understanding and communications between employer and employee

£13

Chiveri Farm field day: guest of honour Mrs Gezi, wife of Governor Gezi, Mashonaland Central

has been widely acknowledged. This warm reception encouraged SCF to publish further booklets, describing preschools, FADCOs and Women's Clubs respectively, in 1997, 1998 and 1999.

The programme's achievements have primarily been publicized through field days, children's days and women's club shows. In 1995, for example, Dolphin Park in Mt Darwin hosted a field day that was well supported by provincial ministry personnel, farmers, and farm workers and other invited guests. Clive Rimmer's humorous address in fluent Shona, a tribute to him and his father, amazed all. That year the first children's day was held at Fox Farm in Concession, with Chris Saunders, the SCF field director, officiating. This was followed in 1996 by two further field days: one at Barrock farm in Mvurwi, where Mr Micklem was host to Minister Chikore and the Hon Border Gezi, governor of Mashonaland Central; the other at Musengzi farm, where the governor and the SCF field director were the official guests.

In the same year, four 'mini' children's days were held, followed by one major children's day at Granta Farm in Matepatepa, attended by the Hon. Florence Chitauro, Minister of Public Services, Labour and Social Welfare, Mr Gocha, Deputy Minister of Foreign Affairs, Julia Sibraa, head of the Diplomatic Wives' Corps and the SCF field director. The event was publicized in the ZTA magazine and on ZTV.

In 1997 three children's days were held, culminating in a large gathering at Cragside, where 19 farms were competing. These events have been very successful not only in publicizing the programme and the achievements of the farmers and their worker communities, but more importantly in enabling government, councils, NGOs, embassies and High Commissions to witness what is taking place on the farms, and to appreciate the difficulties they still face.

On other occasions during the past few years, farmers and their wives have held informal gatherings to share with other farmers and interested guests the achievements of the local worker community. These communities are very proud of what they have done, and prepare very enthusiastically for visitors. The following story from *The Farmer* for 7 September 1995 is typical:

> *One evening, a number of guests including the District Administrator, the Rural District Council's Chief Executive officer, and the District Medical and Nursing Officers, sat down to dinner together with the farmer, his wife and 17 year old son on a farm in Concession. Not so strange, you may say, but this dinner was held in the Literacy classroom in the farm village. Other guests were the Farm Health Worker, Adult Literacy Tutor and Women's Club Co-ordinator.*

The occasion was to introduce the new SCF programme manager to the area. An historic occasion; an occasion that in the `heady' days of our new found Independence we would have dreamed about – but how many people would have believed that such relationships could exist on the commercial farms? The dinner, which consisted of chicken and steak, rice and sadza, was served with salads and wine at a table graced with white cloths, candles and flowers. The women of the Farm Women's Club had cooked all the food, and many other women in the village had assisted to prepare the table and the surrounding display of the crochet and needlework of the village women.

Right from the start it was evident that those present were relaxed and interested in each other, and a number of new friendships were begun that night. Indeed, so animated was the conversation that nobody appeared to notice the panes of glass missing in some of the windows, or that the light from the candles and paraffin lamps was `less than romantic'. Rather, the warmth and genuine enjoyment, which was so obvious among the diners, seemed to envelop them all in a glow.

G. PROGRAMME ACHIEVEMENTS

G1. Consolidation of model farms

The process of motivation and the concept of the 'model farm' were introduced via meetings with farmers and their wives (36 Farmers' Association meetings in the nine districts were addressed either by the programme manager or the field officers in 1996, and a similar number in 1997) and via awareness creation with the communities themselves. This elicited a very positive response not only from the targeted farms but also from those adjacent.

The magnitude of the response had been underestimated, and the result was a very rapid growth in clusters of farms that were at different stages of implementing the programme, but which were able to benefit from their neighbours' experience. By the end of 1996, 167 farms had met the criteria for 'model farms', and the FWP teams were very excited at this achievement.

In 1996 the Centenary team made most progress in involving farm communities in the various programme components, but the following year it was the Mvurwi team that enabled the establishment of the most model farms, while by the middle of 1998 the Bindura/Matepatepa team had 'broken all previous records'. This untiring work by teams, much of which was beyond the call of duty, is to be highly commended.

By October 1998, 460/598 (76 per cent) farms had achieved 'model' status and a further 113 (19 per cent) were actively involved with two or more of the programme components, giving a total for the province of 95 per cent of farmers and farm worker communities collaborating to improve living conditions in their villages. (Tables representing the achievements in all areas of concern, as at 1998, are contained in Appendix 2)

Cragside was one of these 'model' farms. It was like many other farms in that the farmer and his wife had tried to improve the farm village. During the war the village had been twice burnt down, so in 1976 the farmer constructed a new one with brick houses, a crèche and a dispensary. In 1980 he found the plans for a Blair toilet and started building them on his own initiative in the farm village. He also attempted to give the Ministry of

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Education some land for a primary school, but their initial enthusiasm wore off when Foothills farm, which is relatively close, established a farm school. In 1981 the farmer was asked to send two people off to be trained as FHWs, and this he did. But he only saw the EPI team about once a year, and also remembers that once a year 'malaria spraying' was carried out in the village. There appears to have been no other contact with programme staff until 1991. By 1983 Cragside had a preschool, and the farmer's wife set up a women's club where she taught the women how to make uniforms for the preschool children. She also established an adult literacy group and bought books in Shona for them.

G2. The response of the farm workers

By December 1998, there were 463 operative FADCOs in the province, confirming that the introduction of these committees had been the most important factor in consolidating the programme. For example, the rapid increase in programme components established on farms could be attributed not only to the motivation exercises undertaken with the worker communities but also to the FADCOs, which motivated their communities, organized the labour for projects, and monitored their progress.

The growth in confidence among members of the community who have participated in making decisions about their village has been particularly striking. This confidence was very evident in members of FADCOs that had successfully completed an activity identified by the community, or had persuaded the farmer to abandon one activity in favour of another to which the community attached greater importance.

In Guruve, for example, a FADCO was able to persuade the farmer that the preschool shelter he favoured was in fact less important than building more brick houses. The fact that the farmer agreed to this change of plan raised the stature of the FADCO members and led to the community agreeing to make bricks to hasten the process. On another farm, in Mvurwi, the FADCO helped to resolve a problem over the education of the workers' children. The workers wanted a farm school, which the farmer couldn't afford, but it was amicably agreed that the farmer would instead provide transport to take the children to the nearest school in the communal areas, as it was too far for them to walk. An amusing story is told of a FADCO in Concession which, fired with enthusiasm by an agreement to construct Blair toilets in the village, persuaded the community to dig 38 holes for the toilets before the farmer was even aware that work had started.

The FADCOs have also improved communication between worker and employer, and hence the farmer's awareness of the difficulties faced by his labourers. As one FWP member assured us after a FADCO meeting, 'The farmer now has a budget for improving the workers' village, including well-ventilated brick houses.' When asked about the achievements of the FADCOs, extension staff credited them with 'the improved farmer acceptance of the programme', 'an improved dialogue and relationship between worker and farmer' and 'the changed attitude of farm workers to the programme'. An interesting qualifying statement was added: 'The attitude of the farm workers to the programme has changed because the FADCOs were more accepted than the Workers' Committees, because they provided health education and brought development on the farms, such as houses, safe water and toilets.'

In general, however, when workers were asked about the achievements of the FADCOs, they usually described the activities that could most easily be tackled by the community,

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such as the construction of toilets, pot racks, rubbish pits and preschool facilities. Others added:

'The FADCO can take the people's problems direct to the farmer.'

'The FADCO successfully lobbied for the building of three-roomed houses with pole and dagga, but with asbestos roofs, also a preschool and beer hall.'

'The FADCO organized transport for the women to attend the craft shows.'

'The people now look to the FADCO to solve their problems.'

These committees were not all instant successes, however, as the concept was not always fully understood, either by worker or farmer. Many farmers were loath to establish yet another Workers' Committee, and this created fear among the workers that election to a FADCO would cause them to lose their jobs (which did happen on some farms). Other farmers saw the FADCO as 'an underground arm of the government' or at least 'the government's way of creating problems on the farms'. Many workers did not wish to get involved in 'something the farmer should do', while others did not believe such a committee could be effective. Some farmers did not take seriously the fact that they and their wives were members of the committee and so did not attend meetings, which left members of the community unsure about whether to meet without the farmer. The following comments reflect some of the uncertainties:

'Some workers are not willing to be elected because they fear to be victimized by management.'

'The community is not interested in attending the FADCO meetings.'

'Workers are expecting too much from the FADCO – they expect changes to happen overnight.'

'There are a lot of internal conflicts in the FADCO: some support it, some want it to fail and others are totally against it.'

'Some see the FADCO as a means of empowerment, while others see it as useless.'

Uncertainty about the role of the FADCO was summarized as follows:

'Right now, one cannot tell the level to which FADCOs can represent farm workers, as the structure was not gazetted and made an official structure.'

In addition, many farm managers and foremen see the FADCOs as threats to their positions and power, resulting in obstructive behaviour and the loss of jobs for FADCO members. Some FADCOs have become political, adopting a confrontational approach to farmers and Workers' Committees, while in other FADCOs 'the members were hand picked by the farmer, so the communities do not support them.'

It has been a learning experience for all, particularly the need to elect a chairperson, vice chair and secretary or treasurer, and to understand their roles. However, 60 per cent of FADCOs

are currently operating well, particularly those that have been established for two or three years and have benefited from an AGM, some training and the fact of having achieved something together. Farmers who are part of functioning FADCOs are very appreciative of their benefits: one says that he supports the FADCO 'because it lightens his work by looking after the village', another says 'the community respond better to things that come from the FADCO', and a third couldn't complement his committee enough: 'They're good – no social hassles and no work-related hassles since we had a FADCO. They also do things on their own: when there's a fire, they get out there and fight it, organized by the FADCO.'

The most important benefit of the FADCO is that it has given the farm workers a formal structure, similar to the VIDCO, through which they can organize themselves, not only to carry out development work but also, more importantly, to make themselves heard. During the government's current land acquisition movement, FADCOs members from eight farms participated in debates about land reform in national forums in Harare, including the University of Zimbabwe, the ZBC and ZTV.

For the first time, these representatives of farm workers were able to articulate their concerns, which ranged from anger at not being consulted to fear that they would not be considered for resettlement and would therefore become squatters in their own country – rather than farmers who had worked for years to create the agricultural productivity for which Zimbabwe is renowned. This entry into the political arena was a coming of age; one council official remarked, 'The FADCOs have produced a group of people who are capable of running their own affairs.'

G3. Women to the fore

Informal visits to farmers' wives, coupled with encouragement to form clusters of farms, proved the most successful way of sharing information and motivating farmers and their spouses. This was also an extremely rewarding exercise, for being able to meet and talk over a cup of tea created trust and friendship. It served to break down the barriers – usually based on misinformation and misunderstanding – between farmer and worker and between programme staff and farmer. It also helped to bond groups of local women together and to focus the programme on the realities of the situation.

On many farms, the changes that are taking place in the villages can be largely attributed to the efforts of the farmers' wives, who support and encourage the village women in particular. The first farmers' wives association to be established in 1995 was at Victory Block, Guruve, co-ordinated by Mrs Barbie Brown of Undercraig; other farms represented were Mutenda Mambo, Birkdale, Vevelka, Prangamire and Brookfield. Each member took responsibility for one programme component, and as a result these blossomed in the locality, especially the women's clubs and the preschools. Andrew Muringaniza is justly proud of the achievements of this part of his programme area.

Between 1996 and 1998 another 16 clusters were established, involving 102 farmers' wives. There is now a cluster in almost every programme area, but the majority are in the Matepatepa, Bindura, Poorte Valley and Shamva areas – a tribute to the easy, smiling manner and hard work of field officer Irene Mutumbwa. Described by one farmer's wife as 'ever willing and ready to help', Irene is constantly on the road sharing information and motivating the women.

The farmers' wives in these clusters have worked tirelessly to involve farm women in the programme activities, organizing home and garden competitions, children's days, women's club shows and farm field days to expose each farm village community to other communities and other ideas. In Guruve, for example, the focus has been on building skills at local level first, and thus it was only after a number of farm crafts shows had been held that a big area craft show was held at Vevelka farm, in which women from the 10 surrounding farms took part.

In the last few years, these activities have also linked the women on farms to the outside world in a network of collaboration. Thus Hilary Blair of ZTA in Harare persuaded her female colleagues to collect items such as plastic containers, boxes and paper to enable the women on farms to make toys for the preschools; while Maureen O'Meeghan, Acting High Commissioner for New Zealand, has for two years' running donated bicycles to the female area trainers on farms. *Pamberi nemadzimai* ('Forward with women').

G4. Farmers respond to the community's needs

In recent years many farmers have begun to take an active interest in public health in their district, as the declining capacity of the Ministry of Health has left people in many parts of the country without adequate health facilities.

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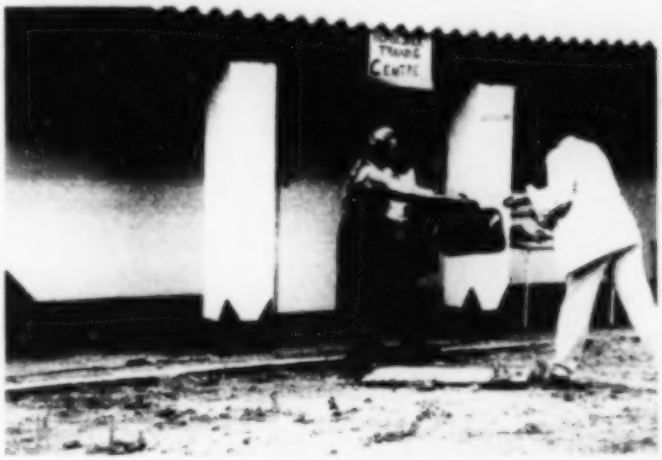
Some have constructed small clinics on their farms, to which people in the adjacent communal areas have access; farmers in Centenary have tried to resuscitate the Hoya Clinic in the adjacent communal area; and farmers in Mvurwi have supported the Mvurwi District Hospital, obtaining medical equipment, undertaking maintenance and serving on the board. The condition of the hospital in Concession, which had been allowed to deteriorate over the years, was brought to the attention of Mrs Denise Gaisford of Collingwood farm, and currently she and other farmers' wives are trying to renovate the old building; Mrs Gaisford, who is also on the hospital board, has worked tirelessly to raise funds.

Farmers have supported other public projects, such as the construction of the Horseshoe training centre, by providing sand, water and bricks. The training centre, initiated in early 1995 with financial assistance from the British High Commission, was completed in 1997 and officially opened by the British High Commissioner, Martin Williams.

FWP extension staff told the interviewers that they were conscious of a change in the attitudes of many farmers who previously had not been involved in the programme activities. Although much of this change could be attributed to the programme itself, there were also external factors contributing to the growing awareness among farmers that a reform in labour policy was needed. Labour was no longer as plentiful as it had been in the 1970s. As a result of an agreement between governments, Mozambican farm workers were in 1996 repatriated to Mozambique. However, because of the length of time they had resided on the farms, most of those who returned would be more accurately described as naturalized Zimbabweans than as refugees.



Horseshoe (Guruve) Training Centre opening and awards to successful trainees in PRA. Chris Saunders, (PD) Zim and Di Auret, FWP Manager

The change in the attitudes of farmers is demonstrated by these comments made by FWP team members:

'Farmers have now seen the light, and there is a concerted effort to educate other farmers; they now see that extension workers are there for development on farms.'

'Since farmers have been taught about the scheme, they are very supportive.'

'Field days are held on farms which have accepted the scheme, to motivate reluctant farmers.'

The workers had this to say:

'Now there is communication between the farmer and the people, and he pays the FHW.'

'Now both farmer and workers appreciate the programme, especially the preschool.'

'Before, the farmer and the community did not appreciate the idea and the farmer wanted the government to pay the FHW, and the people didn't even use the preschool. Now, we are digging holes for toilets and he is building new houses and providing safe water.'

This growing awareness of the needs of the worker community, and the resulting commitment to improving conditions in farm villages, was found not only among the farmers of Mashonaland Central but also among those in many other provinces as well. But their efforts to construct houses, toilets and preschools and to provide potable water were persistently ignored by the urban population.

Angered by constant criticism in the press, which presented a hostile picture of the situation on farms, the farmers, through the offices of the Agricultural Labour Bureau of the Commercial Farmers' Union, decided to record the developments in farm villages, to show the country at large just how much is being done. In February 1997 the Agricultural Bureau went further and, with the support of the commercial farmers, announced an Agricultural Workers' Welfare Plan, which would ensure that the minimum standards for housing, sanitation, water and primary education proposed in 1986 by SCF and other participants in the Kadoma workshop (cf.64) would become a reality on all farms within 10 years.

The most recent government attempts to acquire farms for resettlement purposes, has unfortunately undermined the gains of the past years. As in 1992, the lack of involvement of the farmers in the debate about the need for land reform and in the formulation of a plan for much needed resettlement of small-scale farmers on land acquired, has led to insecurity and even hostility, destroying much of the commitment among farmers to improving the lives of their workers. Farm workers, also left out of the debate, have similarly felt their livelihoods and homes threatened, which has resulted in a similar lack of enthusiasm for investing either time or energy in developing their villages. Farmers and workers found themselves for the first time on the same side of the fence, battling for their livelihoods and their futures.

SCF responded to the crisis by publicizing the plight of the workers on the 'listed' farms, and helped to put the farm worker's case to the nation by involving FADCO members from eight farms in the national debate that followed.

H. FROM PROVINCIAL PROGRAMME TO NATIONAL PROGRAMME

SCF had long been aware that as an international NGO, they had been able to work with farmers and farm workers alike, free from suspicion of any local politics. In addition SCF's reputation had already earned them a position of respect and trust within the country, which made various actors within the programme more open to working with them. On the other hand the organization had also become aware of serious limitations. As `visitors' within Zimbabwe, they were free to assist, to supplement government efforts, but more constrained in regard to criticism of government policy, or the actions of unions and farmers.

By 1995 it was clear that further advocacy was much needed in regard to the issue of service delivery, and this would need to be undertaken by a local non-governmental organization.

Of importance too, was the fact that SCF (UK) is not an implementing agency. Rather, it had developed first a model for the FHWP, which had been taken over by government and later had successfully developed a model of an integrated FWP, which had brought about change in the living standards of the farm workers through empowering the workers themselves and achieveing the involvement of the whole farming community in this process. The Rural Council Act was amended in 1998 to enable farm workers to be represented on the rural councils. For the first time, the workers through the FADCOs will be able to elect representatives to speak on their behalf. SCF can be proud that at least in Mashonaland Central the workers have some understanding of what is required of them and have structures through which this dream of empowerment can be realized.

But above all, the primary concern for SCF was the long-term sustainability of the programme. After 17 years of the Farm Health Worker Programme and the Farm Worker Programme in that province, creating awareness, sharing information, providing training and co-ordination, and building bridges between farmers and workers and between farmers and government, SCF could finally see that the problems of farm workers were being addressed primarily by the farmers and workers themselves. The workers were at last able to demand services from national and local government through their FADCOs. What had been achieved in Mashonaland Central provided a successful model for change, which could be replicated in other provinces in the country.

The Farm Community Trust of Zimbabwe, the local NGO that was to spearhead the national Farm Worker Programme, was set up in 1996 and registered as a trust in 1997. To help the trust become operational, staff of the SCF FWP worked throughout 1997–98 in collaboration with the staff of FCTZ in Mashonaland Central, West and East, sharing resources, experiences and expertise. SCF also gave a great deal of training to National Affairs extension staff in the new provinces, to establish a core group for the final FWP teams in each district.

Notes

1. *Auret 1992*
2. *Laing 1986*
3. *Min. Public Service, Labour and Social Welfare 1995*
4. *'The Farmer': Sept. 7, 1995*

Chapter Eleven:

The farm village

A1. An eye-opening event

Children from various preschools dance at the Field Day

'Let's dance' is what the children seemed to be saying as they entertained the guests during the children's day celebrations at Cragside farm in November 1997. Children from preschools on the 10 surrounding farms had gathered together to sing, recite and perform what they had learnt at their preschools. It was a very colourful scene, as each group was distinguished by its own pinafore, made by the mothers at the women's clubs.

Next came an AIDS awareness drama performed by the farm health workers from the adjacent farms, resplendent in their brightly-coloured uniforms. A short literacy role play acted by the adult literacy tutor and the learners of Cragside farm rounded off the morning's performance.

It was one of those very hot pre-rain days when everybody searched the sky for signs of a cloud, but the heat had not deterred any of the invited guests from the various ministries and NGOs involved and from the surrounding farms.

For many of those guests, the day was, as one provincial officer put it, 'an eye-opener'. It was his first visit to a commercial farm, and he admitted that his previous image of a farm village had been based on what his parents had told him about their brief period working on a farm before he was born. It was an image that had been reinforced by the views of his colleagues on the subject. He had been hesitant, he admitted, to visit a commercial farm, but was now very glad that he had accepted the invitation to attend the children's day in his official capacity.

Cragside Field Day, Guest of Honour Mabel Chinomona (MP)

The occasion was graced by the Deputy Minister of Home Affairs, Mabel Chinomona, and the acting New Zealand High Commissioner, Maureen O'Meeghan, who was presenting bicycles to the volunteers who acted as area trainers for the women's clubs. Mrs Chinomona complimented the farmers and the worker communities whose children were participating:

> *What I saw today is a reflection of the meaningful progress made in the relations between farmers and their workers. Farm worker conditions used to be the worst in this country, but the transformation I have observed is amazing. Some of the people living in town do not have the type of houses I have seen here (ZIA Magazine, November 1997).*

A2. Village pride

The new farm village at Cragside has a large number of brick houses constructed since 1976, and the total will grow as new brick houses are built to replace the pole and dagga ones in the old village. Walking through the villages at farms such as Cragside, Mt Fatigue, Dolphin Park, Leopard's Vlei, Chiveri and Collingwood, the visitor is struck by the changes that have occurred and how proud the villagers now feel of their homes, as shown by the flowers and vegetables in the gardens and the recently-planted hedges and trees. It is common to see the walls of the pole and dagga houses decorated with colourful patterns, and the surrounds plastered with battery acid and black shoe polish, giving an amazingly durable and attractive finish to the house.

These efforts have been fostered by the home and garden competitions held every year. Farmers' wives give prizes in various categories to those who have made the most effort to improve their homes. The wives of farm workers are happy to invite visitors into the houses, where their handicrafts – embroidered chairbacks or crochet mats – add colour to their spotless homes.

A3. House construction against the odds

Most farmers in the province have tackled the housing needs of the permanent workers incrementally, building a few houses every year. They might have tackled the problem at a much faster rate, had it not been for the size of the capital outlay needed and the withdrawal in 1980 of the tax rebate on housing expenditure, although fencing and water piping still qualify.

Housing at Bannock Farm, Mvurwi

On farms where there are still only a few brick houses, the farm workers testified to this gradual process:

> *'The farmer is trying to build new houses but the process is slow.'*
>
> *'He is building ten new houses every year – he keeps to his promises.'*
>
> *'He asked the workers to help make bricks for new houses, but we are too tired after work, so the process is slow.'*

These difficulties have been compounded by the farmers' inability to borrow money for housing from agricultural finance houses. The unavailability of credit for this purpose has been a serious obstacle to providing permanent dwellings for workers.

A4. The importance of the FHW

Members of the farm worker communities in the province would probably agree that the Farm Health Worker has become of vital importance. Access to health facilities has over the years been very difficult, as there are no government and few council clinics in the farming areas themselves. Most clinics are in towns and thus many miles from the farms.

Trained primarily in preventative health care (though many also have first aid training), the FHWs attend to sick people at dispensaries, visit homes to monitor environmental health and hygiene, and teach the women not only about preventative health care (including AIDS and home-based care), but also about family planning and nutrition. Each Farm Health Worker has a basic first aid kit, and today most of them obtain drugs and other basic medicines from the farmers, as the supply from the Ministry of Health is irregular and inadequate.

In October 1998 there were 780 FHWs, operating on 532 of the 598 farms in Mashonaland Central; many farms with a large worker community have two FHWs. There are still drop-outs among the FHWs, but today this mainly happens because the husband moves to another farm. Today, most FHWs are paid the minimum wage – Z$503.90 or more – although one in Glendale earns Z$1,000 per month.

A5. 'Amazingly innovative' preschools

Preschool children at Leeuw's Trust Farm

The children who took part in the children's day at Cragside are all supervised in preschools in their own villages. In most cases they are looked after by the FHWs, who receive extra training so that they can not only supervize, but also stimulate organized play. This involves amazingly innovative learning processes. One required children to collect stones and leaves, which they then dropped into a bucket of water. They were then encouraged to comment on what happened to the stones and leaves – their first science lesson. The children learn songs, dances, and games. They also learn about the vegetable garden that supplies their lunch, helping with the watering each day.

The preschools have freed mothers to take up full-time work on the farms. The rising cost of living and the devaluation of the dollar have forced more and more women to work in the lands side by side with their husbands from 6 am to 5 pm; and most women still have to do a few further hours of work collecting water, cutting wood, preparing the fire and cooking the evening meal. Therefore the women greatly appreciate the preschools: they are confident that their children are being cared for there – and, as one women enthusiastically said, 'For sure Rudo will pass Grade 7, because she already knows stories and songs, and she tries to teach me.'

There are 462 preschools on the 598 farms in Mashonaland Central. Some of them consist simply of a gathering point, where children are cared for during the hours the mothers work. Most, however, have been built up into early learning centres, with permanent shelters that contain sufficient space to enable meals to be cooked and the children to rest in the afternoon. The preschools have some indoor toys, either made by the mothers in the clubs or provided by the farmers' wives, and outdoor play equipment constructed by the fathers of the children. A Blair toilet, water point, nutrition garden and fence are the other important components of the preschool.

A6. Women's clubs pass on valuable skills

On a number of farms the community centre forms the heart of the village. This complex houses the dispensary, the preschool and a room for the literacy classes or the women's club meetings. Currently there are 392 women's clubs functioning in the province. Although today most women on farms have to work a full day to supplement their husband's income, they still find time to meet other women at the women's club, where an area trainer passes on sewing or cooking skills. 'My husband appreciates the club because I have learnt to mend clothes and can make some things like shorts for my husband,' said one woman. Another commented on the improved health status: 'Diseases are now few, because we can prepare food well and keep our homes smart.' A third said, 'General hygiene has improved in our village.' These women also commended the 'farmer's wife, who makes rounds in the village to encourage people to keep their village clean.'

The women's clubs are also a channel for passing on information about women's rights, inheritance legislation, divorce and maintenance, as well as civic awareness and child care. More and more farm communities also have access to a television, installed by the farmer either in the beer-hall or the community centre. On such farms, the people enjoy access to amenities that could not be matched in any other rural setting, or even in small towns.

A7. More potable water on tap

Remarkable progress has also been made in community access to potable water. Although this is not yet adequate in all areas of the province, 80 to 98 per cent of workers in Glendale, Concession, Bindura and Matepatepa do have access to potable water: that is, borehole water stored in covered tanks.

The only difficulties concern the number of taps in each village or the amount of water available. There may only be one tap at some distance from the village, making it necessary to queue; or the water may only be available at certain hours, as there is insufficient for all the community's needs. The situation is much more difficult in areas such as Centenary, Guruve and Mt Darwin, where because of the lack of underground water 60 per cent, 45 per cent and 30 per cent of farm workers respectively draw water from rivers and dams. This nevertheless represents an improvement of 54 per cent in Mt Darwin and 39 per cent in Centenary over the last three years. Some farmers pipe water from dams to tanks and treat it, but many farm communities in these areas suffer from frequent diarrhoea caused by drinking water from a source that also waters livestock .

A8. Widespread improvements in sanitation

There has also been a slow but consistent increase in the number of household Blair toilets. This was helped in 1996–98 by Mvura Manzi (the local offshoot of British Water Aid), which allocated trainers to several cluster workshops to enable SCF to meet the demand for training. It has also provided SCF builder trainers with manuals on constructing Blairs and other items, such as small sand filters for schools, that have been used in all SCF training sessions.

Currently, the percentage of individual households with Blair toilets in each district ranges from 27 to 47 per cent. However, 10 per cent of farms in the province have more than 80 per cent of their households with individual Blair toilets and a further 22 per cent have 40 to 80 per cent coverage.

This increase in the number of household toilets can be largely attributed to the growing involvement of the farm workers in the construction of the Blairs. Over the past few years, workers have come to understand the link between their family's illnesses and the lack of sanitation and potable water, thanks to their participation in the awareness creation provided by SCF and the FWP teams. This has produced a marked change in the attitudes of many workers, who for the first time are prepared to work with the farmer to improve the water and sanitation situation on their farms.

A9. From passivity to active participation

The children's day celebrations at Cragside and other farms were all organized by the Farm Development Committees; an almost unbelievable achievement set against the lack of capacity and involvement that had characterized farm workers in the past.

Exclusion from both the franchise at council level (Rural Councils Act of 1966) and from the developmental structures set up after independence prevented the farm workers from participating in any decisions concerning their own well-being. The introduction of the Farm Development Committees, which took some time to gain acceptance, has changed passivity into active participation and dependence into the beginnings of self-reliance. Although the first FADCOs were only established in 1996, there are now 463 committees operating in Mashonaland Central.

The farm development committees represent the first step towards enfranchisement for the two million people living and working on commercial farms, who lack traditional and civic political structures such as chiefs and headmen or VIDCO/WADCOs. For the very first time, communities are being asked what they see as the major needs or problems in their villages. They are being encouraged to suggest possible solutions and to specify what they, as communities, can do themselves and what they will need to discuss with the farmer (for example, capital investments such as houses, preschools and toilets).

The people have begun to throw off their passive acceptance of having 'no rights and no power to change things'. They have begun to understand that there *are* things they can do to change their small world, their village, through their own efforts – and many workers are doing just that, with the support and involvement of the farmers and their wives.

The village at Cragside is a far cry from the 'appalling conditions of farm workers' described by Clarke and Loewenson and other authors in the late 1970s and early 1980s. In fact, many villages such as Cragside never suffered from such conditions as they were lucky enough to have concerned landlords. But on some farms, where twenty years ago the living conditions of the farm workers were depressing, Mabel Chinomona would be quite right in describing the change as 'an amazing transformation'. The increased awareness of farmers and farm workers – the result of the information sharing, motivation, support, training, and service delivery that all form part of the Farm Worker Programme – has produced this 'transformation'. (Tables reflecting the situation in the various Districts in March 1998 follow).

Notes

1. *ZTA : Nov 1997*

Save the Children (UK)

SAVE THE CHILDREN FUND (UK) was founded in 1919 by Eglantyne Jebb who had a vision for putting children first, regardless of nationality, race or creed. In 1924 the Declaration of Children's Rights, which she had drafted a year earlier, was adopted by the League of Nations. This charter has been the foundation of SAVE THE CHILDREN's beliefs and actions ever since. In 1989 it became enshrined in international law as the cornerstone of the United Nations' Convention on the Rights of the Child.

Over the past 75 years SAVE THE CHILDREN (UK) has developed into the United Kingdom's leading international children's charity. The organization relies for its income on donations from several sources including legacies, and fundraising. It also receives contributions for particular projects from the UK government, the European Union and the United Nations. Save the Children (UK) is a part of the SAVE THE CHILDREN ALLIANCE, an association of independent national member organizations from around the world.

THE AIMS OF SAVE THE CHILDREN (UK)

SAVE THE CHILDREN (UK) aims:

- to develop a programme of practical action to place children's rights, needs, interests and views at the centre of development across the world.
- to combat the damage caused by policies and actions which threaten their survival and development.
- to respond to the situation of children in emergencies in ways that put their immediate needs in the context of their longer term interests and development.
- to encourage recognition of children's active contribution to the ties and societies in which they live.
- to support families and communities in caring for and protecting children, and in arguing for this role to be backed by government and society through investment and legislative change.
- to work alongside policy makers, practitioners and others to explore ways in which their decisions and actions can do more to realize children's rights and bring long-term benefits for children.

SCF IN ZIMBABWE

SCF (UK) has been involved in developmental initiatives in Zimbabwe since Independence, working mainly with marginalized groups. SCF, with its particular concern for mother and child care, supported government's drive to restore health services to the communal areas, following their disruption by the war. From this involvement in primary health care grew a broad based community health programme which continued through the 1980's.

SCF also became involved in work in the Zambezi Valley and supported a mixture of mother and child care projects, pre-schools, womens' clubs, nutrition groups and income-generating projects. This experience inspired and informed developments on the commercial farms, and the Farm Health Worker Programme grew to become one of the largest programmes in Zimbabwe. This has now been handed on to a local organization, although SCF continues to offer technical and financial support.

CURRENT ACTIVITIES

SCF's work in Zimbabwe responds to and supports Zimbabwean initiatives for Zimbabwean development.

Child Rights is an integral component of all SCF (UK)'s programmes. SCF advocates at national, provincial, district and community levels for the principles of the CRC, and other relevant instruments, to be adhered to.

SCF's HIV/AIDS programmes promote behavioural change among communities affected by the spread of HIV/AIDS within the commercial farms and in the Zambezi Valley. Outreach programmes work through Traditional Healers and Midwives, School Health Masters and various groups of peer educators targeting out-of-school youth, fishermen, commercial sex workers and the community at large. SCF is also facilitating home-based care for the terminally ill and orphaned children.

SCF in partnership with local Rural District Councils, facilitates a ***Community Based Management of Water Programme*** in the Zambezi Valley, including the building of small/medium-scale dams and micro-irrigation schemes in response to periodic drought. More recently SCF (UK) has supported the establishment of a private company which has taken over the construction side of the programme.

The ***Zambezi Valley Community Development Programme*** aims to facilitate better targeting and implementation of SCF programmes for children in this region. A research team, using Participatory Rural Appraisal (PRA) techniques, undertakes baseline surveys, feasibility studies and evaluations.

The Riskmap Programme can assess a community's vulnerability to household food security in the face of drought or other environmental hazards. The data is used to predict the proportion of households in a given area likely to face a food deficit, and to plan mitigation strategies. SCF's Riskmap staff work both in rural Zimbabwe and the SADC region to promote the methodology.

For more information about SCF and our activities mentioned above, please contact.

Save The Children Fund (UK)
10 Natal Road, Belgravia
P.O. Box 4689, Harare
Zimbabwe
Tel: 793198-9/708200
Fax: 727508

Appendix One:

TABLES REPRESENTING THE PROGRAMME PROGRESS: 1982 - 1989

These tables reflect data that was recorded at the time.

Preschool Coverage for the Period 1982 to 1989 in Mashonaland Central Districts

Area	1982		1985		1987		1989	
	F/C	Presch	F/C	Presch	F/C	Presch	F/C	Presch
Bindura	54	52	70	–	82	–	–	–
Mvurwi	–	–	28	26	60	54	–	–
Shamva	–	–	25	–	49	41	–	–
Glendale	–	–	–	–	15	13	71	34
Centenary	–	–	–	–	16	12	61	61
Concession	–	–	–	–	12	8	30	16
Mtepatepa	–	–	–	–	11	6	30	25
Guruve	–	–	–	–	–	–	–	–
Mt Darwin	–	–	–	–	–	–	–	–

FHWs Coverage for the Period 1982 to 1989 in Mashonaland Central Districts

Area	1982			1985			1987			1989		
	F/c	fhws	not pd	F/c	fhws	not pd	F/c	fhws	not pd	F/c	fhws	not pd
Bindura	54	108	–	70	140	–	82	180	–	–	–	–
Mvurwi	–	–	–	28	55	16	60	122	–	–	–	–
Shamva	–	–	–	25	50	–	56	112	–	–	–	–
Glendale	–	–	–	–	–	–	15	30	6	71	–	–
Concession	–	–	–	–	–	–	12	24	8	30	38	–
Centenary	–	–	–	–	–	–	16	32	0	61	105	0
Mtepatepa	–	–	–	–	–	–	11	22	10	18	36	–
Guruve	–	–	–	–	–	–	–	–	–	–	–	–
Mt Darwin	–	–	–	–	–	–	–	–	–	–	–	–

Adult Literacy Coverage for the Period 1982 to 1989 in Mashonaland Central Districts

Area	1985			1987		
	Farms covered	Adult Lit.groups	Tutor Paid	Farms covered	Adult Lit.groups	Tutor Paid
Bindura	70	20	--	82	20	--
Mvurwi	28	20	20	60	17	--
Shamva	25	20	20	56	26	--
Glendale	-	-	-	15	3	--
Concession	-	-	-	12	0	--
Centenary	-	-	-	16	4	--
Mtepatepa	-	-	-	11	2	--
Guruve	-	-	-	-	-	-
Mt Darwin	-	-	-	-	-	-

Women's Clubs Coverage for the Period 1982 to 1989 in Mashonaland Central Districts

Area	1982		1985		1987		1988	
	F/C	WC	F/C	WC	F/C	WC	F/C	WC
Bindura	54	–	–	–	82	–		
Mvurwi	–	–	28	–	60	24		
Shamva	–	–	25	10	56	4		
Glendale	–	–	–	–	15	–		
Centenary	–	–	–	–	16	–		
Concession	–	–	–	–	12	–		
Mtepatepa	–	–	–	–	11	–		
Guruve	–	–	–	–	–	–		
Mt Darwin	–	–	–	–	–	–		

BASELINE SURVEY INFORMATION: 1995

Programme Components and Coverage

Area	Farms covered	FHWs	Preschool coverage	Women's Clubs	Adult Literacy
Bindura	54	56	31	26	16
Mvurwi	76	74	57	44	17
Shamva	51	40	29	27	8
Glendale	65	95	40	36	26
Concession	75	81	30	20	26
Centenary	30	32	32	43	19
Mtepatepa	46	52	37	28	9
Guruve	80	67	32	27	20
Mt Darwin	26	30	19	13	0

FWP PROGRAMME ACHIEVEMENTS AS AT MARCH 1999

Programme Components and Coverage by District

Area	Farms coverage	FHWs	Preschool coverage	Women's Clubs	Adult Literacy
Bindura	66	69	50	36	31
Shamva	75	59	37	42	11
Mvurwi	52	77	67	51	-
Glendale	91	119	65	61	42
Centenary	90	96	67	15	22
Concession	88	74	54	53	30
Mtepatepa	52	67	48	32	21
Guruve	67	64	52	21	12
Mt Darwin	28	31	22	11	11

HOUSEHOLD SANITATION SITUATION: 1995 & 1997

In 1995 a Baseline Survey was undertaken in Mashonaland Central as a whole, followed in 1997 by an up-date. The Table below indicates percentages of farms in each district which have achieved certain levels of household coverage, in regard to appropriate sanitation ie. Blairs.

1995 Data

Area	No. of Farms	Percentage				
		> 80	40-80	20-39	<20	NONE
Bindura	47	5	7	14	17	4
Mvurwi	50	9	11	13	16	1
Shamva	21	0	5	1	5	10
Glendale	65	10	19	8	23	5
Concession	61	0	15	21	17	8
Centenary	30*	8	11	7	4	0
Mteptepa	47	2	13	12	13	7
Guruve	62	4	11	9	15	23
Total	383	38	92	85	110	68
% Total		10	24	22	29	18

* This does not represent all the farms in Centenary

1997 Data

Area	No. of Farms	Percentage				
		> 80	40-80	20-39	<20	NONE
Bindura	65	9	11	16	20	9
Mvurwi	70	10	24	25	9	2
Shamva	54	3	13	14	19	5
Glendale	62	9	13	11	19	10
Concession	84	10	31	17	22	4
Centenary	59	5	10	16	19	9
Mtepatepa	52	2	16	13	15	6
Guruve	62	2	12	21	20	7
Total	508	50	130	133	143	52
% Total		10	26	26	28	10

* Mt Darwin did not record 1997 figs

1998 Motivation and Fadco

Area	No of farms	Motivation Farms	Fadco elected Farms	Fadco trained Farms
Mvurwi	75	69	67	100
Glendale	91	63	63	84
Concession	88	60	60	n/a
Bindura	66	52	49	94
Mtepetepa	52	51	51	100
Shamva	52	45	38	100
Centenary	90	67	62	69
Guruve	67	58	52	94
Mt Darwin	28	26	25	76

n/a – statistics not available

Appendix Two:

Some of the first farms

The following farm names, of some of the earliest farms involved in the programme, have been taken from available documentation. The list is not necessarily complete, therefore, and we apologize if any farms have been excluded.

Bindura/Matepatepa

Aviliory
Ashcott
Avoca
Avonda
Benridge
Bordell
Chiveri
Chomkuti
Cragside
Claverhill
Dawmill
Dundry
Gatawa
Gleincairn
Guitingwood
Guthrie
Hopedale
Leopards Vlei
Melfort
Nethergreen
Pabwino
Park
Piedmont
Pimento
Rapids
River View
Shelwood
Snoek
Stella
Tapson
Thrums
Topping
Uronga North
Uronga South
Virginia
Wakefield
Wolf Hill
Woodbroc South
Zingezi

Shamva

Annandale
Bamboo Creek
Caledone
Cass
Ceres
Chipadze
Chirembo
Enterprise
Glen Avilon
Lancer
Lions Den
Masimbe
Mukungurutse
New Brixton
Nyamukusa
Nyamwanga
Palmgrove
Panmore
River Bend
Robin Hood
Rutherdale
Soma
Star
Tipperary
Usaramu
Walwyn
Woodland

Mvurwi (farms from Centenary and Guruve using the Mvurwi Training Centre)

Alwyn
Birkdale
Chigudu
Claglia
Cooldery
Dauzam
Ealing
Forrester
Gariro
Kamusha
Lucknow
Mandindindi
Mpinge
Mwebezi
Pembi Chase
Stanford
Stromond
Tsununu
Usaka
Vuraneme
Wells
Willmore

Centenary

Clear Morning
Dendere
Dolphin Park
Goromokwa
Kenweith
Mwonga
Nova Doma
Silverstrom

Guruve

Kuingwe
Mt Fatigue

Mazoe : Glendale and Concession

Amanda
Cairnsmore
Collingwood
Craigengower
Early Worm
Fox
Howickridge
Kwaedza
Tallant
Verona

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Appendix Three:

Programme Staff

Early Trainers in Bindura Pilot Project

Dr Laing, team leader

Mrs Chikava, Nurse

Mrs Chikanza, Nutrition Trainer

Ms Muchapondwa, Preschool Trainer

Mrs Chiyangwa, Women's Club Coordinator

Mr Kademetere, Builder Trainer

Mr Chinyanga, Builder Trainer

Early Training Team, Mazowe

Sister Ting Edmonstone, team leader

Bridget Muyotcha, SCN

Early Training Team, Shamva

Mrs Maregere, Nurse and team leader

Ms Mwale, Voluntary Nurse Aide

Mrs Kaduya, Nurse Aide

Mrs Bvukumbwe, Preschool Trainer

Mr Chinyanga, Driver

Mr Musondo, Driver

Mr Munatsi, Builder Trainer (SCF)

Mr Chitongo, Builder Trainer (SCF)

Early Training Team, Mvurwi

Mrs Runanga, Nurse and team leader

Mrs Moto, Nurse Aide

Mrs Phiri, Preschool trainer

Mr Zowa, Driver

Mr Mutumba, Driver

Mr Katiyo, Builder Trainer

Mr. Marimo, Builder Trainer

Mr Zuze Zuze, Builder Trainer

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